

F06060006087

4.

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Aprimo, Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KATIE GREIWE
(Name of Person)

Aprimo, Incorporated
(Firm/Company)

510 East 96th St. Ste. 300
(Address)

Indianapolis, IN. 46240
(City/State/Zip)

100003426021-5
-10/16/00-01103--005
*****78.75 *****78.75
87.50 87.50

Should you need to call someone concerning this matter, please call:

KATIE GREIWE at (317) 803-4332
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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00 OCT 26 AM 12:02
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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

mtu

10/31

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Aprimo, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Indiana 35-2052509
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 14, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 510 East 96th St. Ste. 300
Indianapolis, IN 46240
(Current mailing address)
8. e-business marketing solutions software - sales only in IL
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Jon Stevenson
Office Address: 800 Laurel Oak Dr. Ste. 200
Naples, FL 34108 Florida, 34108
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jon Stevenson
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: William M. Godfrey

Address: Same as below

Vice Chairman: Robert McLaughlin

Address: Same as below

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: William M. Godfrey

Address: 14520 Quail Point Dr.
Carmel, IN 46032

Vice President: Robert McLaughlin

Address: 13909 Sandy Creek Ct.
Carmel, IN 46032

Secretary: N/A

Address: _____

Treasurer: N/A

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W. Godfrey
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William M. Godfrey, President & CEO
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

APRIMO, INCORPORATED

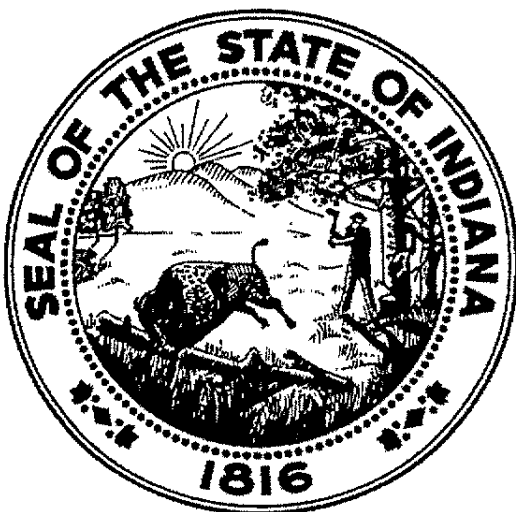
duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 14, 1998, and was in existence or authorized to transact business in the State of Indiana on September 15, 2000.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana at the
City of Indianapolis, this Fifteenth Day of September, 2000.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State



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00 OCT 26 PM 2:02
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TALLAHASSEE FLORIDA