

F006000006134

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagic Corporation

(Name of corporation - must include suffix)

Dear Sir or Madam:

100003445011--3
-10/30/00--01149--011
*****78.75 *****78.75

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:

Gina Rudolph

(Name of Person)

Imagic Corporation

(Firm/Company)

104 Woodmont Blvd., Suite 500

(Address)

Nashville, TN 37205

(City/State and Zip code)

For further information concerning this matter, please call:

Gina Rudolph

(Name of Person)

at (615) 254-4545

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 30 PM 10:24

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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

**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. Imagic Corporation

(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. Tennessee

(State or country under the law of which it is incorporated)

3. 62-1702273

(FEI number, if applicable)

4. June 11, 1997

(Date of incorporation)

5. perpetual

(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. 104 Woodmont Blvd., Ste. 1800, Nashville, TN 37205

Same as above

(Current mailing address)

To sell equipment and license software to financial institutions and businesses and to engage in any lawful act or activity permitted by the

8. laws of the state of FL.

(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: NRAI Services, Inc.

Office Address: 526 East Park Avenue

Tallahassee, Florida, 32301

(Zip code)

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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.

NRAI Services, Inc.

Charles A. Coyle

(Registered agent's signature)

Charles A. Coyle - Asst. Secretary

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)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

14. C. E. Triplett, CFO/VP

(Typed or printed name and capacity of person signing application)

**Imagic Corporation
Officers and Directors**

Officers:

Name and Title	Business Address
Tom Black, Chief Executive Officer	104 Woodmont Blvd. Ste 500 Nashville, TN 37205
David Anderson, President	1220 6 th Street P.O. Box 239 Nevada, IA 50201
Will Martin, Chairman & Secretary	104 Woodmont Blvd. Ste 500 Nashville, TN 37205
Charner Edward (C.E.) Triplett, CFO/VP	104 Woodmont Blvd. Ste 500 Nashville, TN 37205
Kathy Ebbert, Chief Operating Officer	104 Woodmont Blvd. Ste 500 Nashville, TN 37205
Brian Hiatt, Chief Technology Officer	104 Woodmont Blvd. Ste 500 Nashville, TN 37205
Gina Rudolph, Asst. Secretary	104 Woodmont Blvd. Ste 500 Nashville, TN 37205

Directors:

Name and Title	Business Address
Will Martin, Chairman	104 Woodmont Blvd., Ste 500 Nashville, TN 37205
Lyle D. Graesser, Vice Chairman	1125 S. Carriage Springfield, MO 65809
Tom Black	104 Woodmont Blvd., Ste 500 Nashville, TN 37205
William B. King, Jr.,	104 Woodmont Blvd., Ste 500 Nashville, TN 37205
David F. Anderson	1220 6 th Street P.O. Box 239 Nevada, IA 50201

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Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 10/24/2000
REQUEST NUMBER: 002972050
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/11/1997
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0332439
JURISDICTION: TENNESSEE

TO:
GINA RUDOLPH
104 WOODMONT BLVD
SUITE 500
NASHVILLE, TN 37203

REQUESTED BY:
GINA RUDOLPH
104 WOODMONT BLVD
SUITE 500
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"IMAGIC CORPORATION"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE

FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/24/00

FROM:
IMAGIC CORP
931 N WALNUT
PO BOX 669
REPUBLIC, MO 65738-0580

RECEIVED: FEES \$280.00 \$0.00
TOTAL PAYMENT RECEIVED: \$280.00

RECEIPT NUMBER: 00002756493
ACCOUNT NUMBER: 00317198



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE