

	A JM I PM 12: 34
	PILIZ 34
	PH 12: 34
	PILIZ: 31
	12: 34 14:00 AT 104
	2. 3. 3. 1. O. 4.
	<u>-</u>
() Amendment	() Merger
	() Marger
() Dissolution/Withdrawal	() Mark
1.5	THE T
	() Other Common
	() Change of RAG
-	
() Photocopies	() CUS CORNO
() Call If Problem	() After 4:30
() Will Wait	(x) Pick Up
	(ii) Tick op
1/11/01	Order#: 3507299
()	Order#. 3307299
Melania / 1)	
ivicianic P	n - cu.
	Ref#:
$\sim 10^{-10}$	
\ ≠	
	Amount: \$
te.	600003533396-
	-01/11/010107401
	-01/11/010107401 *****70.00 ******70.
Y 5\1	
1 1	
·	
)	
	() Amendment () Dissolution/Withdrawal () Reinstatement () Annual Report () Name Registration () Fictitious Name () Photocopies () Call If Problem () Will Wait

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1	GOREIGN CORPORATION TO TRANSAC			A SECTION AND A
1. Name of com	GetSmart.com, Inc.		<u> </u>	
words or abbr	poration; must include the word "INCORPORA eviations of like import in language as will cleat or partnership if not so contained in the name	arly indica	te that it is a corporation.	instead of a
2	Delaware ry under the law of which it is incorporated)	3	77-0436948	FLORIDE STATE
				
4	Dec. 5, 1995 ate of incorporation) 5.	perpe	tual	ANTICO
(D	ate of incorporation) (D	Ouration:	Year corp. will cease to e	xist or "perpetual")
6	Voc Que			
(Date fir	st transacted business in Florida.) (SEE SECTI	IONS 607.	1501, 607.1502 and 817.	155, F.S.)
				,
/·	pear Street, 2nd Floor			T
San Fi	cancisco, CA 94105	<u> </u>		
	(Current mailing add			<u> </u>
8. on-lir	e(s) of corporation authorized in home state or	engine		_
(Purpose	e(s) of corporation authorized in home state or	country to	he carried out in state of	Florida)
9. Name and st	reet address of Florida registered agent	: (P.O. B	ox or Mail Drop Box 1	NOT acceptable)
Name:	C T Corporation System	-		
rvanic.	o 1 corporation by stem			
Office Address:	1200 South Pine Island Road			
		- =	•	*
	Plantation	, F	Florida, <u>33324</u>	_
			(Zip code)	
O Doctorous		_		
o. Registered	agent's acceptance:			
ith the provision,	ed as registered agent and to accept service of hereby accept the appointment as registered as of all statutes relative to the proper and commy position as registered agent. C T Cornoration System	roent and .	agree to act in this capa ormance of my duties, ar	city. I further agree to compl ad I am familiar with and acc
ith the provision,	neredy accept the appointment as registered of sof all statutes relative to the proper and commy position as registered agent.	agent and applete perfe	agree to act in this capa ormance of my duties, ar	city I frontham aroma to a
ith the provision se obligations of	s of all statutes relative to the proper and com my position as registered agent. C T Cornoration System	agent and applete performance of the performance of	ormance of my duties, an SPECIAL ASS	city. I further agree to comp ad I am familiar with and ac A. CONDE ST. SECRETARY

which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

Chairman:	James Rowe		atra.
Address: _	160 Spear Street	- ·	
_	San Francisco, CA 94105		The state of the s
ice Chairr	man: _ n/a	- Charactery	
			700 9
irector:	David J. Petrini		LL ST
.ddress:	201 Mission Street		83
	San Francisco, CA 94105	· · · · · · · · · · · · · · · · · · ·	EF PROF
irector:	Lauri A. Kober	Man -	STATE STATE
ddress:	150 Spear Street, 2nd Floor	and the second s	7
	San Francisco, CA 94105		<u> </u>
OFFIC	ERS (Street address only - P.O. Box NOT acc	ceptable)	May .
esident:		-	-
		<u> </u>	*
CEO XXXXXXX	MNY Lauri A. Kober		<u> </u>
ldress:	150 Spear Street, 2nd Floor		
	San Francisco, CA 94105		
cretary: _	Ellen Richey		200
dress:	201 Mission Street		
	San Francisco, CA 94105		
P-Final			<u></u>
_	160 Spear Street	-	<u> </u>
a.cos		Ten	<u>元</u>
	San Francisco, CA 94105		<u></u>
TE: If n	ecessary, you may attach an addendum to the applica	tion listing additional officers	s and/or directors.
		<u>= </u>	
	(Signature of Chairman, Vice Chairman, or any o	officer listed in number 12 of	the application)

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GETSMART.COM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

Harriet Smith Windsor Secretary of State

- AUTHENTICATION: 0906435

DATE: 01-10-01

2567459 8300

010014711