

FOI 00000000 708

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HOSTPRO, INC.

(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:

GLENICE POWELL

(Name of Person)

C/O TAX DEPT--MEI

(Firm/Company)

900 E KARCHER RD.

(Address)

NAMPA ID 83687

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

GLENICE POWELL

(Name of Person)

at 208-898-3886

(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

400003634044- -2

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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. HOSTPRO, INC.

(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. DELAWARE

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

3. 82-0514454

(FEI number, if applicable)

4. 6/15/99

(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. 1450 EAGLE FLIGHT WAY

BOISE ID 83709

(Current mailing address)

8. WEB HOSTING

(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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD

PLANTATION, Florida, 33324

(Zip code)

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TALLAHASSEE, FLORIDA

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.*

\_\_\_\_\_  
(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)

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

Chairman: JOEL J KOCHER

Address: 900 E KARCHER RD

NAMPA ID 83687

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: SEE ATTACHED

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. B7 Hansen  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRIAN T HANSEN CORP SECRETARY  
(Typed or printed name and capacity of person signing application)

MEI  
TAX  
DR

01/11/2001

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HostPro, Inc  
Officer's Information FEB -5 AM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

% of Business

<u>Officer Name</u>	<u>Officer Title</u>	<u>SSN</u>	<u>DOB</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone</u>	<u>Owned</u>
Joel J. Kocher	CEO & Chairman of the Board	264-26-6333	06/06/56	1450 Eagle Flight Way	Boise	Idaho	83709	(208) 898-3434	0
Bob A. Cartier	Vice President, Marketing	094-44-1590	08/16/51	1450 Eagle Flight Way	Boise	Idaho	83709	(208) 898-3434	0
Dennis Cavender	Vice President & CFO	524-72-9348	08/16/50	1450 Eagle Flight Way	Boise	Idaho	83709	(208) 898-3434	0
Cliff Luckey	Vice President, Engineering & CTO	467-19-1324	01/09/59	1450 Eagle Flight Way	Boise	Idaho	83709	(208) 898-3434	0
Lisiana McManes	Vice President, Sales	550-37-4230	12/29/59	1450 Eagle Flight Way	Boise	Idaho	83709	(208) 898-3434	0
Brian T. Hansen	Secretary	529-19-5471	12/08/63	1450 Eagle Flight Way	Boise	Idaho	83709	208-893-3434	0

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOSTPRO, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2001.

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

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00 FEB -5 AM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3055804 8300

AUTHENTICATION: 0934177

010039217

DATE: 01-25-01

CT CORPORATION SYSTEM

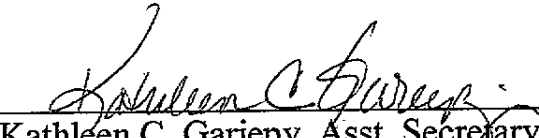
FLORIDA

Having been named as registered agent and to accept service of process for

**Hostpro, Inc.**

At the place designated in the attached Application, C T Corporation System hereby accepts the appointment as registered agent and to act in this capacity, it further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and accepts the obligation of its position as registered agent.

C T CORPORATION SYSTEM

  
Kathleen C. Gariepy, Asst. Secretary

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

520 Pike Street  
Seattle, WA 98101  
Tel. 206 622 4511  
Fax 206 621 8813