G.

To:

Qualification/Tax Lien Section

Division of Corporations

| SUBJECT: | JANA INC | • | | · |
|---|---|--|--|--|
| | (Name of corporat | ion - must include suffix) | | · # ** · · · · · · · · · · · · · · · · · |
| Dear Sir or Madam: | | | | |
| The enclosed "Applic "Certificate of Existento transact business in | ation by Foreign Corporation fonce", and check are submitted to a Florida. | r Authorization to Transact register the above reference | Business in Florida", ed foreign corporation | |
| Please return all corre | spondence concerning this matte | er to the following: | | |
| | Barry Martin | | | |
| | | of Person) | <u>- 7</u> 86 8 | |
| | JANA INC. | | LAND FEB | |
| | (Firm/C | ompany) | | |
| | P.O. Drawer 2309 | | 26 2 E | · · |
| ··· | (Add | lress) | | |
| | Universal City, TX 7814 | 8-1309 | 9. 28 Yh | 4 |
| | (City/St | ate/Zip) | | Mr. |
| | | | | -/12 |
| Should you need to cal | Il someone concerning this matte | er, please call: | 003382497 -09/06/0001007- *****70.00 ***** | ^3 -004 *70.00 |
| Barry Martin | at (210 |) 616-0083 | W-219 | = |
| (Name of Pers | son) (Area | Code & Daytime Telephone | Number) | |
| | | | | |
| STREET ADDRESS: | | MAILING ADDRESS: | . . | |
| Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399 | ns | Qualification/Tax Lien Set Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | ection | |
| 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 | |

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 7, 2000

BARRY MARTIN JANA INC PO DRAWER 2309 UNIVERSAL CITY, TX 78148-1309

SUBJECT: JANA, INC.

Ref. Number: W00000021934

We have received your document for JANA, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 300A00047375

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. JANA 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.) (State or country under the law of which it is incorporated) (FEI number, if applicable) "Perpetual"
(Duration: Year corp. will cease to exist or "perpetual") August 13, 1973 (Date of incorporation) September 1, 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) P.O. Drawer 2309 Universal, TX 78147-1309 (Current mailing address) Technical documentation and training material (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 Roy NOT

| | | 8 uB-1100 (1.0 | . DOX OI I | 1811 Drop Box 1401 | _acceptable | ij |
|-----------------|------------------|----------------|------------|--------------------|-----------------|----|
| Name: _ | Chris Spires | | | TOPT - THE TENTON | * ** | 1 |
| Office Address: | 515 North Flagle | Dr., Suite 25 | | ; - | | |
| _ | West Palm Beach | | , Florida, | 33401 | | |
| | | | (2 | 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.

(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 ac | ceptable) | | | | | | | |
|---|--|-----------------|---------------------------------------|--|--|--|--|--|
| Chairman: <u>Evelyn Niland</u> | <u>.ia</u> a | | | ding the control of t | | | | |
| Address: 9600 Datapoint Dr. | - - | | | | | | | |
| San Antonio, TX 78229 | | F , | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| Vice Chairman:Edward A. Niland | | • សុខា | | ART CONTRACTOR | | | | |
| Address: 9600 Datapoint Dr. | - <u> </u> | - · | | The last specification | | | | |
| San Antonio, TX 78229 | - 1- | controller of a | - | | | | | |
| Director: M. Jan Marshall | | | | | | | | |
| Address: 9600 Datapoint Dr. | | | | | | | | |
| San Antonio, TX 78229 | | | | | | | | |
| Director: | | | | | | | | |
| Address: | The state of the s | | | _ | | | | |
| | | | | | | | | |
| b. Officers (Street address only - P.O. Box NOT | acceptable) | | | | | | | |
| President: Edward A. Niland | | | San and the same | 1 4 | | | | |
| Address: 9600 Datapoint Dr. | | | | - | | | | |
| San Antonio, TX 78229 | | <u></u> | T 3 | | | | | |
| Vice President: M. Jan Marshall | | <u> </u> | \$ \$ & |)) <u></u> | | | | |
| Address: 9600 Datapoint Dr. | | <u> </u> | | · '*' | | | | |
| San Antonio, TX 78229 | | | | | | | | |
| Corretorns | | | | | | | | |
| Address 9600 Datapoint Dr. | | | | | | | | |
| San Antonio, TX 78229 | | | | | | | | |
| Treasurer: | | • | | - At- | | | | |
| Address: | | | | | | | | |
| | | | | | | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | | | | | | |
| 13Manwawhall | | | | | | | | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | | | | | | | | |
| 14. M. Jan Marshall (Vice-President/Secretary) | | | | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | | | | |



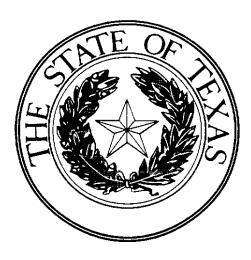
The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

JANA, INC. File No. 329506

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 25, 2001.

Henry Cuellar Secretary of State

BAM