

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001275

1. Corporation Name

Ascential Software Corporation

2. Principal Office Address - No P.O. Box #

50 Washington Street

Suite, Apt. #, etc.

City & State

Westborough, MA

Zip

01581-1021

Country

Worcester

3. Mailing Office Address

50 Washington Street

Suite, Apt. #, etc.

City & State

Westborough, MA

Zip

01581-1021

Country

Worcester

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and understand the obligations of sections 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lauren H. KREATZ
REGISTERED AGENT

LAUREN H. KREATZ
SPECIAL ASSISTANT SECRETARY

4/12/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Peter Fiore	50 Washington Street	Westborough, MA 01581-1021
VP	Mohamad Ali	50 Washington Street	Westborough, MA 01581-1021
VP/Sec	Barbara Dirs	50 Washington Street	Westborough, MA 01581-1021
Treas	Jesse Greene, Jr.	1 New Orchard Road	Armonk, NY 10504
Dir	Archie W. Colburn	1 New Orchard Road	Armonk, NY 10504
Dir	Mark Goldstein	1 New Orchard Road	Armonk, NY 10504

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Peter Fiore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Fiore, President

02/15/2007

Date

(508) 599-7135

Daytime Phone #

FILED

07 APR 25 AM 8:16

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500102633205
05/16/07--01026--011 **900.00

REINSTATEMENT
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/13/2002

5. FEI Number
94-3011736

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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