

# F02000005608

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SECRETARY OF STATE  
DIVISION OF REGISTRATION

**CT CORPORATION**

CORPORATION(S) NAME

nCube Corporation

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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Order#: 5581556

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Amount: \$ \_\_\_\_\_

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

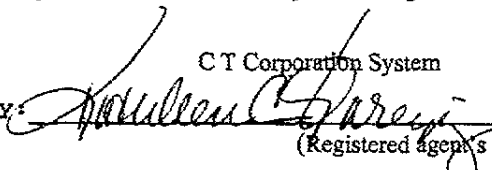
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. nCUBE 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. Delaware 3. 94-2900314  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/29/1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 09/01/2002  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1825 NW 167th PLACE, BEAVERTON, OR 97006  
(Principal office address)  
same  
(Current mailing address)
8. MANUFACTURE, SALES AND SERVICE OF VIDEO ON DEMAND COMPUTER SYSTEMS  
(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: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (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.*

By:   
C T Corporation System  
(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 business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: MICHAEL POHL

Address: 1825 NW 167th PLACE

BEAVERTON, OR 97006

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

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

Director: KEN PIKE

Address: 1825 NW 167th PLACE

BEAVERTON, OR 97006

Director: STEVEN WEST

Address: 1825 NW 167th PLACE

BEAVERTON, OR 97006

B. OFFICERS

SEE ATTACHMENT

President: MICHAEL POHL

Address: 1825 NW 167th PLACE

BEAVERTON, OR 97006

Vice President: \_\_\_\_\_

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

Secretary: KEN PIKE

Address: 1825 NW 167th PLACE BEAVERTON, OR 97006

Treasurer: \_\_\_\_\_

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

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. MICHAEL POHL, President and CEO

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

## Attachment to Florida

**Officers & Directors**

- 
- |    |                   |                         |
|----|-------------------|-------------------------|
| 1. | Full Name:        | MICHAEL POHL            |
|    | Officer/Director: | Officer, Director       |
|    | Officer's Title:  | PRESIDENT               |
|    | Director's Title: | Chairman                |
|    | Business Address: | 1825 NW 167th PLACE     |
|    | City:             | BEAVERTON               |
|    | State:            | OR                      |
|    | ZIP Code:         | 97006                   |
| 2. | Full Name:        | KEN PIKE                |
|    | Officer/Director: | Officer, Director       |
|    | Officer's Title:  | SECRETARY               |
|    | Director's Title: | Other Director          |
|    | Business Address: | 1825 NW 167th PLACE     |
|    | City:             | BEAVERTON               |
|    | State:            | OR                      |
|    | ZIP Code:         | 97006                   |
| 3. | Full Name:        | STEVEN WEST             |
|    | Officer/Director: | Officer, Director       |
|    | Officer's Title:  | CHIEF OPERATING OFFICER |
|    | Director's Title: | Other Director          |
|    | Business Address: | 1825 NW 167th PLACE     |
|    | City:             | BEAVERTON               |
|    | State:            | OR                      |
|    | ZIP Code:         | 97006                   |

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# Delaware

PAGE 1

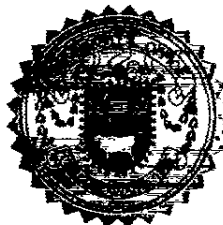
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NCUBE CORPORATION" 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 SEPTEMBER, A.D. 2002.

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.

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02 NOV -8 PM 1:20  
SECRETARY OF STATE  
TAXES  
TALLAHASSEE, FLORIDA



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

AUTHENTICATION: 1974694

DATE: 09-10-02