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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	TO THE CONTRACT OF THE CONTRAC
SUBJECT: Knowledgenet. C. (Name of corpora	om, Inc.
(Name of corpora	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this mat	ter to the following:
Michele W. Bn	Change Associate General Coun
(Name	of Person)
knowledgenet.	eom, Inc.
(Firm/C	Company)
Scottsdale, Ar. (City/State	ale Rd.
(Ac	ldress)
Ocottsdale, Ar.	130ma 85254
(Čity/Stat	te and Zip code)
For further information concerning this matter, pleas	e call:
94 : 1 D .	//
Mchele Buchanan at (481 (Name of Person) at (481) 315 . 4750
(Name of Person) (Are	a Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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. Name of corporation; runst 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.)	C C C C C C C C C C C C C C C C C C C
2. Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)	100 K
4. July 19 1999 (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
6. Duration: Year corp. will cease to exist or "perpetual")	
(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. 14624 N. Scottsdale Rs. Scottsdale A3. 85254 (Principal office address)	
Same	
(Current mailing address)	
8. Web-based training	
(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: NRAI Services, Inc.	
Office Address: 526 F. Park Avenue	
Tallahassee ,, Florida 32301 (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.

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:

Address:		-		·		×	<u> </u>
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Vice Chairman:							30 700
Address:	<u>. </u>						7/10/8
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Director:					·	·	
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Director:							<u> </u>
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President:	Please		-				
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Address:	Please						
President: Address: Vice President:	Please						
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President: Address: Vice President: Address:	Please						
President: Address: Vice President: Address: Secretary: Address:	Please						
President: Address: Vice President: Address: Secretary: Address:	Please						
President: Address: Vice President: Address: Secretary: Address: Treasurer:	Please						
President: Address: Vice President: Address: Secretary: Address: Treasurer:	Please						

KnowledgeNet.com, Inc. a Delaware corporation

OFFICERS & DIRECTORS LIST

Board of Directors List

NAME	ADDRESS
Thomas R. Graunke	14624 N. Scottsdale Rd., Ste.300, Scottsdale, AZ 85254
Marko A. Rukavina	14624 N. Scottsdale Rd., Ste.300, Scottsdale, AZ 85254
Peter Wendell	14624 N. Scottsdale Rd., Ste.300, Scottsdale, AZ 85254
Gary Little	14624 N. Scottsdale Rd., Ste.300, Scottsdale, AZ 85254

Officers List

NAME	TITLE	ADDRESS
Thomas R. Graunke	Chief Executive	14624 N. Scottsdale Rd., Ste. 300,
	Officer, President	Scottsdale, AZ 85254
Marko A. Rukavina	Chief Operating	14624 N. Scottsdale Rd., Ste. 300,
	Officer	Scottsdale, AZ 85254
Stephen S. Krell	Chief Financial Officer,	14624 N. Scottsdale Rd., Ste. 300,
	Vice-President	Scottsdale, AZ 85254
Robert Brigham	Secretary	14624 N. Scottsdale Rd., Ste. 300,
		Scottsdale, AZ 85254

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNOWLEDGENET.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 EIGHTEENTH DAY OF JANUARY, A.D. 2003.





Darriet Smith Windson Harriet Smith Windson Secretary of State

AUTHENTICATION: 2212879

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DATE: 01-18-03