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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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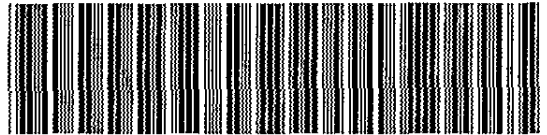
(Business Entity Name)

(Document Number)

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AND  
03 APR -7 PM 12:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

3-7-03

**CT CORPORATION**

March 7, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5770634 SO  
Customer Reference 1: 00385.018001  
Customer Reference 2: Phil Theodore

Dear Secretary of State, Florida:

Please file the attached:

ServiceAdvantage Corporation (DE)  
Qualification  
Florida

ServiceAdvantage Corporation (DE)  
Cert Copy of Articles of Inc  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

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

DIVISION OF CORPORATION

RECEIVED 03 MAR - 7 PM 12:58  
03 MAR - 7 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

**CT CORPORATION**

Sincerely,

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

AND  
FILED  
03 MAR -7 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. ServiceAdvantage 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

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

3. 37-1453968

(FEI number, if applicable)

4. December 18, 2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(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. 2 Carlson Parkway Suite 400, Plymouth, MN 55447

(Principal office address)

2 Carlson Parkway Suite 400, Plymouth, MN 55447

(Current mailing address)

8. Merchandise management, promotional support, and market research

(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.*

C T Corporation System

By: Dale W. Morris

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

(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.

03 MAR -7 PM 12:58  
FILED  
AND  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Frank A. Argenbright, Jr.

Address: 1000 Wilson Boulevard, Suite 910

Arlington, VA 22209

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

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

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

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

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

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

B. OFFICERS

President: Clay Perfall

Address: 1000 Wilson Boulevard, Suite 910

Arlington, VA 22209

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

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

Secretary: and Vice President - Steven Anderson

Address: 2 Carlson Parkway, Suite 400, Plymouth, MN 55447

Treasurer: and Vice President - Heinz Stubblefield

Address: 1000 Wilson Boulevard, Suite 910, Arlington, VA 22209

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. Steven Anderson, Vice President and Secretary

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

APPROVE  
AND  
FILED  
08 MAR - 7 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

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

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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

3601595 8300

AUTHENTICATION: 2213154

030037912

DATE: 01-20-03