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CT CORPORATION

May 8, 2003

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

Re:

Order #: 5779603 WO

Customer Reference 1: None

Customer Reference 2: WA Incorporation

Dear Secretary of State, Florida:

Please file the attached:

Avanade Inc (WA)
Qualification

Sile Second

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.

Sincerely,

Katrina Forsman Fulfillment Specialist

Katrina_Forsman@cch-lis.com

03 MAY -8 PM 4: 20

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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. Avanade Inc.		-		•
words or abbre		learl	ED", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.)	-
2	Washington	3.	91-2032865	_
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4	12/24/2002	., 5.	Perpetual	
(Da	ite of incorporation)	_	(Duration: Year corp. will cease to exist or "perpetual")
6. 12/31/2002	- <u>-</u>	_	and the second s	w 1
(Date first trans	sacted business in Florida. If corporation has	s not	transacted business in Florida, insert "upon qualification, 607.1502 and 817.155, F.S.)	·")
7, 2211 Elliott Av	ve., Seattle, WA 98121			_ :
	(Principal office	add	ress).	
same	<u> </u>		The second secon	<u>.</u> 4427
	(Current mailing	add	ress)	•
*	onsulting Services		<u> </u>	
(Purpose	e(s) of corporation authorized in home state	or co	untry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	
B.Common	c/o C T Corporation System			
Name:			<u></u>	· · · · · ·
Office Address:	1200 South Pine Island Road		<u>and a second se</u>	-
	Plantation		Florida 33324	
	(City)		(Zip code)	0
				03 MA
	agent's acceptance:	7 / FFF	ice of process for the above stated corporation at the	
			nent as registered agent and agree to act in t <u>lis</u> ca	
			relative to the proper and complete performance of	
duties, and I am	familiar with and accept the obligation	ns o	f my position as registered agent. Ξ_{ζ}	
	ara-lusius sinuu		DRA DRA	₽. 7.
	C T Corporation System		DA CONTRACTOR OF THE PARTY OF T	0
ВУ	: Kundley Chare	À		. , · ·
-	Kathleen, C. Gariepy	t's s	(nature) Asst. Sec.	
11. Attached is	a certificate of existence duly authentica	ated,	not more than 90 days prior to delivery of this appl	ication to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

FL019 - 2/27/03 C T Filling Manager Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: SEE ATTACHMENT A. DIRECTORS Chairman: _ Vice Chairman: Address: _ Director: _ Address: Director: _ B. OFFICERS SEE ATTACHMENT President: _ Vice President: _ Address: Secretary: Mark Voigts Address: 2211 Elliott Ave. Seattle, WA 98121 Treasurer: Douglas C. Sutten Address: 2211 Elliott Ave. Seattle, WA 98121 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

14. Mark Voigts, Secretary

Attachment to Florida

Officers & Directors

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

5. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code:

6. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code: Mitchell C. Hill Officer, Director

CEO

2211 Elliott Ave.

Seattle WA 98121

Dennis Knapp Officer

CFO

2211 Elliott Ave.

Seattle WA 98121

Mark Voigts
Officer
Secretary
2211 Elliott Ave.

Seattle WA 98121

Douglas C. Sutten Officer Treasurer

2211 Elliott Ave.

Seattle WA 98121

Jackson L. Wilson Officer,Director Chairman

1661 Page Mill Road Palo Alto CA 94304

John Connors Director

One Microsoft Way Redmond WA 98052 TANASCE FINDING OF THE CO

HAY 8-YAH

7. Full Name:

Officer/Director:

Officer's Title:

Business Address:

City:

State: ZIP Code:

8. Full Name:

Officer/Director:

Officer's Title:

Business Address:

City: State:

ZIP Code:

9. Full Name:

Officer/Director:

Officer's Title:

Business Address:

City: State:

ZIP Code:

David Milner

Director

60 Queen Victoria Street

London UK

44

David Hill

Director

3773 Willow Road

Northbrook

 Π

60062

Timothy G. Jury

Director

7500 College Boulevard, Suite 1400

Overland Park

KS

66210



Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AVANADE INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on December 24, 2002.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: April 21, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

