

FD 3000003465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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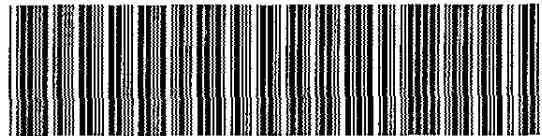
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/11/03--01038--009 \*\*70.00

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DIVISION OF CORPORATIONS

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STATE  
TALLAHASSEE, FLORIDA

*Bik*

CT CORPORATION

July 11, 2003

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

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03 JUL 11 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5842567 WO  
Customer Reference 1: 047820  
Customer Reference 2: 0003

Dear Secretary of State, Florida:

Please file the attached:

Mosaic Sales Solutions US Operating Co. (DE)  
Qualification  
- 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,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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. Mosaic Sales Solutions US Operating Co.

(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. 56-2360186

(FEI number, if applicable)

4. 05/09/2003

(Date of incorporation)

5. Perpetual

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

6. 07/03/2003

(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. 6051 N. State Highway 161, Suite 100, Irving, TX 75038

(Principal office address)

same

(Current mailing address)

8. Field marketing services and any other lawful activity for which a corporation may be organized.

(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/o 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: [Signature]

C T Corporation System

(Registered agent's signature)

Jonathan R. Giddings  
Assistant Secretary

Jonathan R. Giddings  
Assistant Secretary

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

Chairman: Brian Meagher

Address: 550 West Washington Blvd., 4th Floor  
Chicago, IL 60661

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

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

Director: Ramsey A. Frank

Address: 450 Lexington Avenue New York, NY 10017

Director: Paul S. Levy

Address: 450 Lexington Avenue New York, NY 10017

Director: Jeffrey C. Lightcap 450 Lexington Avenue New York, NY 10017

B. OFFICERS **SEE ATTACHMENT**

President: Brian Meagher

Address: 550 West Washington Blvd., 4th Floor  
Chicago, IL 60661

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

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

Secretary: Bill Lee

Address: 6051 N. State Highway 161, Suite 100 Irving, TX 75038

Treasurer: Walter Strothers

Address: 469A King Street West Toronto, Ontario Canada M5V 3M4

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian Meagher  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian Meagher, President

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

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STATE  
TALLAHASSEE, FLORIDA

## Attachment to Florida

**Officers & Directors**

- 
- |    |                   |                                      |
|----|-------------------|--------------------------------------|
| 1. | Full Name:        | Brian Meagher                        |
|    | Officer/Director: | Officer, Director                    |
|    | Business Address: | 550 West Washington Blvd, 4th Floor  |
|    | City:             | Chicago                              |
|    | State:            | IL                                   |
|    | ZIP Code:         | 60661                                |
| 2. | Full Name:        | Bill Lee                             |
|    | Officer/Director: | Officer                              |
|    | Business Address: | 6051 N. State Highway 161, Suite 100 |
|    | City:             | Irving                               |
|    | State:            | TX                                   |
|    | ZIP Code:         | 75038                                |
| 3. | Full Name:        | Walter Strothers                     |
|    | Officer/Director: | Officer                              |
|    | Business Address: | 469A King Street West                |
|    | City:             | Toronto, Ontario Canada M5V 3M4      |
|    | State:            |                                      |
| 4. | Full Name:        | Jeffrey C. Lightcap                  |
|    | Officer/Director: | Director                             |
|    | Business Address: | 450 Lexington Avenue                 |
|    | City:             | New York                             |
|    | State:            | NY                                   |
|    | ZIP Code:         | 10017                                |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

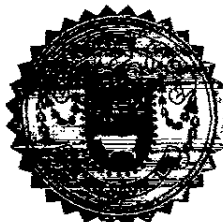
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOAIC SALES SOLUTIONS US OPERATING CO." 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2003.

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

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OFFICE OF THE SECRETARY OF STATE  
DELAWARE



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2501657

DATE: 06-27-03