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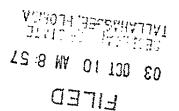
Office Use Only

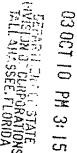


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MC





RECEIVED

CT CORPORATION

October 10, 2003

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



Re:

Order #: 5930070 WO

Customer Reference 1: None Customer Reference 2: California

Dear Department of State, Florida:

Please file the attached:

ClearCube Technology, Inc. (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,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@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 ClearCube Technology, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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) (FEI number, if applicable) 5. Perpetual 4 10/17/1996 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 01/20/2003 (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 8834 N. Capital of Texas Hwy, Suite 140, Austin, TX 78759 (Principal office address) same (Current mailing address) 8. See Attachment (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 (City) 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 KIRK HOOD (Registered agent's signature) SISTANT 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: SEE ATTACHMENT

A. DIR	ECTORS					
Chairman	n: Andrew Heller		· ·	<u> </u>		
Address:	8834 N. Capital of Texas Hwy, Suite 140	<u> </u>	<u> </u>			<u></u>
	Austin, TX 78759	· ·			~ ~ ~	3
Vice Cha	irman: Michael Frost		·		4 6	
Address:	8834 N. Capital of Texas Hwy, Suite 140		 	ن <u>ن</u> : : : <u>: :</u>	- 4	
	Austin, TX 78759	, t				ئ
Director:	Barry Thornton	33		, %	The state of the s	
Address:	8834 N. Capital of Texas Hwy, Suite 140	<u>. </u>	·* 1		<u>.</u>	<u>4. 1 y</u> 2
	Austin, TX 78759		————————————————————————————————————	· 	· .	•••
Director:	Edward Olkkola	<u>_</u>	<u> </u>		<u>÷</u>	<u>21</u> .
Address:	8834 N. Capital of Texas Hwy, Suite 140	<u> </u>	<u> </u>	·		<u> </u>
	Austin, TX 78759		<u> </u>			<u>•18. 11. </u>
			<u> </u>	<u>.</u>		
Vice Pre	sident: Richard Hoffman		<u> </u>			
Address:	8834 N. Capital of Texas Hwy, Suite 140	<u> </u>	·			
	Austin, TX 78759	तर	<u> </u>			
Secretary	y;	4	<u>,</u>		<u>tr</u>	<u> </u>
Address:	·-		6 s j.			
Treasure	r:	_ <u>,i</u>	× .	<u> </u>		. 1
NOTE:	If necessary, you may attach an addendum to the application listing (Signature of Chairman, Vice Chairman, or any officer list	ing additi	onal office	ers and/or	directors.	<u>673</u> *
14. Bet	(Typed or printed name and capacity of person signals)	gning app	olication)			ه و مؤهد یک

Attachment to Florida

Purpose Clause

sales product providing standard Intel-based PC functionality and performance from centralized rack-mounted personal computers

Officers & Directors

1. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State:

ZIP Code:

2. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State: ZIP Code:

3. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State: ZIP Code:

4. 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:

Betsy Jordan

Officer

Chief Financial Officer

8834 N. Capital of Texas Hwy, Suiteत

Austin TX 78759

Richard Hoffman

Officer

VP - Product Development

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Roger Lane

Officer

VP - Operations

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Donald Marcotte

Officer

VP - Financial Sales

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Rajesh Shah

Officer

Chief Marketing Officer

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Patrick Gallagher

Officer

VP - Federal Sales

8834 N. Capital of Texas Hwy, Suite 140

City: State: ZIP Code:

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:

10. Full Name:

> Officer/Director: Officer's Title:

Business Address: City:

State: ZIP Code:

11. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State: ZIP Code:

12. Full Name:

> Officer/Director: Officer's Title: **Business Address:**

City: State: ZIP Code:

13. Full Name: Austin TX 78759

Barry Thornton Officer, Director

Chief Technology Officer 52 8834 N. Capital of Texas Hwy. Sui

Austin TX 78759

Michael Frost Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Edward Olkkola

Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Robert Stearns

Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Kenneth Minihan

Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Gaurav Burman

Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX 78759

Michael Nowak

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

City: . State: ZIP Code: Director

8834 N. Capital of Texas Hwy, Suite 140

Austin TX

78759

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARCUBE TECHNOLOGY, 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 SIXTH DAY OF OCTOBER, A.D. 2003.

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.



Warriet Smith Hindson

AUTHENTICATION: 2674571

DATE: 10-06-03

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