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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -5 AM 9:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** F03000005751

1. Corporation Name
Maersk Data (USA), Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address c/o IBM (Assistant Secretary) |
|---|---|
| 1 New Orchard Road | 1 New Orchard Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Armonk, NY | City & State: Armonk, NY |
| Zip: 10504 Country: Westchester | Zip: 10504 Country: Westchester |

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/2003

5. FEI Number: 13-3210688 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Corine Burgos CORINE BURGOS Date: 11/5/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| V.P. | Dwayne Ingram | c/o IBM 3031 Rocky Point Drive | Tampa, FL 33607 |
| Dir. | Michael Lund Hansen | c/o IBM LYNGBYVEJ 2, Copenhagen 2100 | Denmark |
| Dir. | Bo Scheibye | c/o IBM LYNGBYVEJ 2, Copenhagen 2100 | Denmark |
| | | | |
| | | REINSTATEMENT | |
| | | | |

Pay 12.50
DS-CA

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** Dwayne Ingram — 813-356-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL016 - 1/1/2007 CT System Online