

**F04000001083**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
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## FOREIGN PROFIT QUALIFICATION

Vocalocity, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$3,520.00

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**F04-1083**  
*[Signature]*

**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. Vocalocity, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

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

3. 58-2618294

(FBI number, if applicable)

4. 04/27/2001

(Date of incorporation)

5. Perpetual

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

6. 06/01/2001

(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. 1175 Peachtree Street, Bldg. 100 Suite 2250, Atlanta, GA 30361

(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 T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

Plantation

(City)

, Florida 33324

(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: Connie Bryan

(Registered agent's signature)

**CONNIE BRYAN**  
**SPECIAL 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:

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ALABAMA  
FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

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

**B. OFFICERS SEE ATTACHMENT**

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

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

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

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

Secretary: Jeff Haynie

Address: 1175 Peachtree Street, Bldg. 100 Suite 2250 Atlanta, GA 30361

Treasurer: \_\_\_\_\_

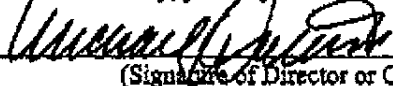
Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Michael W. Dickenson CEO  
(Typed or printed name and capacity of person signing application)

Attachment to Florida

**Purpose Clause**

The Corporation is organized for the purpose of engaging in any and all lawful businesses not specifically prohibited to corporations for profit.

**Officers & Directors**

1. Full Name: Michael W. Dickerson  
Officer/Director: Officer, Director  
Officer's Title: Chief Executive Officer  
Business Address: 1175 Peachtree Street, Bldg. 100 Suite 2250  
City: Atlanta  
State: GA  
ZIP Code: 30361
2. Full Name: Jeff Haynie  
Officer/Director: Officer, Director  
Officer's Title: Chief Technology Officer, Corporate Secretary  
Business Address: 1175 Peachtree Street, Bldg. 100 Suite 2250  
City: Atlanta  
State: GA  
ZIP Code: 30361
3. Full Name: Jeff Levy  
Officer/Director: Director  
Officer's Title:  
Business Address: 817 West Peachtree Street, Suite A-100  
City: Atlanta  
State: GA  
ZIP Code: 30308
4. Full Name: Melanie Bialko Leeth  
Officer/Director: Director  
Officer's Title:  
Business Address: 945 East Paces Ferry Road, Suite 2450  
City: Atlanta  
State: GA  
ZIP Code: 30326-1125
5. Full Name: Michael Von Grey  
Officer/Director: Director  
Officer's Title:  
Business Address: 1175 Peachtree Street, Bldg. 100 Suite 2250  
City: Atlanta  
State: GA  
ZIP Code: 30361
6. Full Name: D. Alan Quarterman  
Officer/Director: Director

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Officer's Title:  
Business Address:  
City:  
State:  
ZIP Code:

3390 Peachtree Road, Suite 102  
Atlanta  
GA  
30326

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0119807  
DATE INC/AUTH/FILED: 04/27/2001  
JURISDICTION : GEORGIA  
PRINT DATE : 02/25/2004  
FORM NUMBER : 211

CT CORPORATION SYSTEM  
JESSICA CHASTAIN  
400 COLONY SQ., STE. 1240, 1201 PEACHTREE STREET,  
ATLANTA, GA 30361

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040225224715691



*Cathy Cox*

Cathy Cox  
Secretary of State