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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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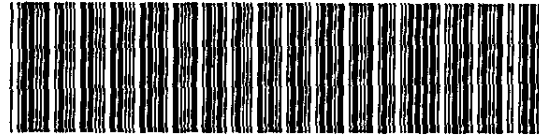
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pathlore Software Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brenda M. Arnold
(Name of Person)
Pathlore Software
(Firm/Company)
7965 N. High St, Suite 300
(Address)
Columbus, OH 43235
(City/State and Zip code)

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For further information concerning this matter, please call:

Brenda M. Arnold at (614) 781-7221
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Pathlore Software Corporation
(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. Delaware 3. 31-1449575
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/8/95 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or Perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7965 N. High Street, Suite 300, Columbus, OH
(Principal office address)

7965 N. High Street, Suite 300, Columbus, OH 43235
(Current mailing address)

8. Software sales and services
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Rd
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.

Socia L. Taylor Socia L. Taylor, Asst. Sec.
(Registered agent's signature)

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: Stephen D. Thomas

Address: 7965 North High St, Suite 300
Columbus, OH 43235

Vice Chairman: See Attachment

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Stephen D. Thomas

Address: 7965 N. High St, Suite 300, Columbus, OH 43235

Vice President: _____

Address: _____

Secretary: Robert Perry

Address: 7965 N. High St, Suite 300, Columbus, OH 43235

Treasurer: George A. Troutman

Address: 7965 N. High St, Suite 300, Columbus, OH 43235

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

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

14. Robert Perry, Secretary
(Typed or printed name and capacity of person signing application)

BOARD OF DIRECTORS – CONTACT INFORMATION

Board Member	Address					
Stephen D. Thomas	Pathlore Suite 300 7965 N High St Columbus OH 43235					
James J Collis	Seaport Capital One Seaport Plaza 20 th Floor 199 Water Street New York, NY 10038					
Allison Mulhern	Seaport Capital One Seaport Plaza 20 th Floor 199 Water Street New York, NY 10038					
Richard L. Sifton	4242 Manuela Court Palo Alto, CA 94306					
Michael Hannon	P O Box 687 Great Falls, VA 22066					
Charles P. McWade	Computer Associates, One Computer Associates Plaza, Islandia, NY 11788					
Sir Michael Marshall	Old Inn House, Slindon, NR Arundel, West Sussex, BN18 ORB, England					

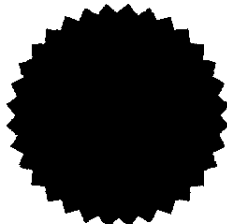
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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATHLORE SOFTWARE CORPORATION" 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2005.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2559961 8300

AUTHENTICATION: 4166006

050765650

DATE: 09-19-05