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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

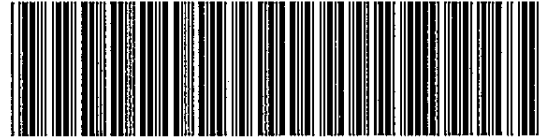
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Certified Copies _____

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VIR



545 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310-1686
TEL: (201) 469-2000

January 16, 2006

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

RE: AppIntelligence, Inc.

To Whom It May Concern:

Please find enclosed for filing a completed Application by Foreign Corporation for Authorization for AppIntelligence, Inc. to transact business in Florida. Also enclosed, is a certificate of existence and the requisite fee. Kindly process these forms and send written confirmation of this filing and/or a certificate of good standing to me.

You may contact me directly with your questions or comments with respect to this matter.

Thank You

A handwritten signature in black ink, appearing to read 'Ayesha Mantey', written over the printed name.

Ayesha Mantey

Enclosure: am

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AppIntelligence, Inc.
(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:

Ayesha Mantey

(Name of Person)

Insurance Services Office, Inc.

(Firm/Company)

545 Washington Blvd.

(Address)

Jersey City, NJ 07310

(City/State and Zip code)

For further information concerning this matter, please call:

Ayesha Mantey

(Name of Person)

at (201) 469-2967

(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.

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1. AppIntelligence, 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. Delaware

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

3.

(FEI number, if applicable)

4. 1/14/05

(Date of incorporation)

5. Perpetual

(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. 17 Research Park Drive Weldon Springs, MO 63304

(Principal office address)

(Current mailing address)

8.

(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: Thomas S. Aguila
Insurance Services Office, Inc.

Office Address: 2632 SW Bear Paw Trail

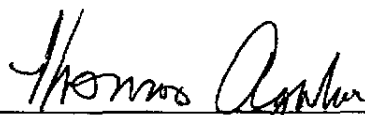
Palm City, Florida 34990

(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.


(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: Frank J. Coyne

Address: 545 Washington Boulevard

Jersey City, NJ 07310

Vice Chairman: _____

Address: _____

Director: Scott Stephenson

Address: 545 Washington Boulevard

Jersey City, NJ 07310

Director: Kevin Coop

Address: 17 Research Park Drive

Weldon Springs, MO 63304

B. OFFICERS

President: Kevin Coop

Address: 17 Research Park Drive

Weldon Springs, MO 63304

Vice President: Scott Stephenson

Address: 545 Washington Boulevard

Jersey City, NJ 07310

Secretary: Joseph P. Giasi, Jr.

Address: 545 Washington Boulevard Jersey City, NJ 07310

Treasurer: Kenneth G. Geraghty

Address: 545 Washington Boulevard Jersey City, NJ 07310

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. _____

Joseph P. Giasi, Jr. Secretary

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

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Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPINTELLIGENCE, 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 NINETEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPINTELLIGENCE, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2000.

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.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4385830

DATE: 12-19-05