## F06000001707

(R	equestor's Name)			
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. PICK-UP	☐ WAIT ☐ MAIL			
. (В	usiness Éntity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com \*

March 16, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6590694 SO

Customer Reference 1:

107024.00011

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Adaptive Methods, Inc. (DE) Cert Copy of Certificate of Authority Florida

Adaptive Methods, Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie.Bryan@wolterskluwer.com



## 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	Adaptive Metho	ods, Inc.	
(Enter name of co	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
<sub>2.</sub> Delawar	e 3.	52-0970306	
(State or country i	e nder the law of which it is incorporated)	(FEI number, if applica	ble)
4 March 27	7, 1973 5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6. Upon re-	gistration		
	(Date first transacted business	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
<sub>7</sub> 5885 Trin	ity Parkway, Suite 230,	Centerville, Virginia 2	20120
·	(Principal office add		<del>,</del>
ं (same as	above)		
	(Current mailing ad	dress)	
g, and instal	systems engineering, softwa lation of software systems.		
(Purpose(s	) of corporation authorized in home state or c	ountry to be carried out in state of Florid	la)
9. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	, _
Name:	CT Corporation System	<u>n</u>	SEC. 2
Office Address:	1200 South Pine Island	d Road	製量型
	Plantation,	, Florida 33324 (Zip code)	55 G L
	(City)	(Zip code)	
Having been nam designated in this further agree to c	gent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agree relative to the proper and complete j	to act in this capacity. I
			k S. Eppley
	MASCONIC (Registered agent's signature		t Vice-President I Secretary
_	(Resistered agent's signature	e)	

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.

FILED MII: 09

	SECRETARIS N
12. Names and business addresses of officers and/or directors:	TALLAMEST OF S
A. DIRECTORS	"ALLATICAL DES
Mirecto Walter Allensworth	
Address: 15825 Shady Grove Road, Suite 135	
Rockville, Maryland 20850	
Mark Meister Mark Meister	
Address: 15825 Shady Grove Road, Suite 135	
Rockville, Maryland 20850	
Director: Barclay Roman	
Address: 5885 Trinity Parkway, Suite 230	
Centerville, Virginia 20120	
Director: Llewellyn Wood	
Address: 5885 Trinity Parkway, Suite 230	
Centerville, Virginia 20120	
B. OFFICERS	
President: Llewellyn Wood	
Address: 5885 Trinity Parkway, Suite 230	
Centerville, Virginia 20120	
Senior Vice President: Walter Allensworth	
Address: 15825 Shady Grove Road, Suite 135	
Rockville, Maryland 20850	
VP: and Mark Meister Secretary:	
Address: 15825 Shady Grove Road, Suite 135, Rockville, M	laryland 20850
VP and Treasurer: Barclay Roman	
Address: 5885 Trinity Parkway, Suite 230, Centerville, Virigr	nia 20120
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/an dinastara
	miggi directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. MARK MEISTER VP-SEC	
(Typed or printed name and capacity of person signing application)	

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADAPTIVE METHODS, 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 FIFTEENTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4594315

DATE: 03-15-06

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