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PAGE 01/05

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Saber Software and Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 APR -4 AM 11:06

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Corporate Filing Menu

Help

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. Saber Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
Saber Software and Solutions, Inc.
(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. 20-4427118
(FEI number, if applicable)
4. 02/24/2006
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3995 Hagers Grove SE, Salem, OR 97301
(Principal office address)
same
(Current mailing address)
8. To engage in any lawful act of activity for which corporations maybe formed in the State of
(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 South Pine Island Road
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.

CT 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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TALLAHASSEE, FLORIDA

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MAR-31-2006 11:31 From:

To: Kirkland Ellis P.7/35

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ben BiscontiAddress: 2500 Sandhill Rd. Suite 100Menlo Park, CA 94025Director: Rob FahumboAddress: 2500 Sandhill Rd. Suite 100Menlo Park, CA 94025**B. OFFICERS SEE ATTACHMENT**President: Ben BiscontiAddress: 2500 Sandhill Rd. Suite 100Menlo Park, CA 94025Vice President: Rob FahumboAddress: 2500 Sandhill Rd. Suite 100Menlo Park, CA 94025Secretary: Rob FahumboAddress: 2500 Sandhill Rd. Suite 100 Menlo Park, CA 94025Treasurer: Karen KhannaAddress: 3995 Hagers Grove SE Salem, OR 97301

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

13. Karen Khanna
(Signature of Director or Officer listed in number 12 of the application)14. Karen Khanna, Chief Operating Officer
(Typed or printed name and capacity of person signing application)FILED
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TALLAHASSEE, FLORIDA

Attachment

Page 1 of 1

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|-----------------------------|
| 1. | Full Name: | Ben Bisconti |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Director's Title: | Other Director |
| | Business Address: | 2500 Sandhill Rd. Suite 100 |
| | City: | Menlo Park |
| | State: | CA |
| | ZIP Code: | 94025 |
| 2. | Full Name: | Rob Palumbo |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | VP and Secretary |
| | Director's Title: | Other Director |
| | Business Address: | 2500 Sandhill Rd. Suite 100 |
| | City: | Menlo Park |
| | State: | CA |
| | ZIP Code: | 94025 |
| 3. | Full Name: | Nitin Khanna |
| | Officer/Director: | Officer |
| | Officer's Title: | CEO |
| | Business Address: | 3995 Hagers Grove SE |
| | City: | Salem |
| | State: | OR |
| | ZIP Code: | 97301 |
| 4. | Full Name: | Karan Khanna |
| | Officer/Director: | Officer |
| | Officer's Title: | COO and Treasurer |
| | Business Address: | 3995 Hagers Grove SE |
| | City: | Salem |
| | State: | OR |
| | ZIP Code: | 97301 |

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Delaware

PAGE 1

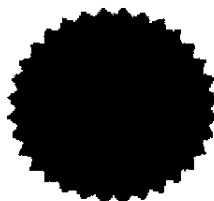
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABER SOLUTIONS, 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 THIRTIETH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4115601 8300

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4634150

DATE: 03-30-06