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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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D. WHITE JUN 12 2006



ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT : \$ ORDER DATE: June 8, 2006 ORDER TIME : 9:35 AM ORDER NO. : 163989-005 CUSTOMER NO: 5155729 FOREIGN FILINGS NAME: CONVERGYS LEARNING SOLUTIONS INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

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. Convergys Lear	rning Solutions Inc.			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	·			
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busine	ess in Florida)
2. Delaware		3.	94-3244366	
	under the law of which it is incorporated)		(FEI number, if applicable)	
4. 11-2-99		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or	"perpetual")
. Cupon filli	ng			
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)	SECRETAR ALLAHAS
201 East Fourth	Street, Cincinnati, OH 45202			翌
	(Principal office	add	ress)	OF 1
Same				
	(Current mailing	add	ress)	PH 12: 25 Y OF STATE EE. FLORIO
'·	pment and learning solutions			DA S
(Purpose(s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)	
). Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		<u> </u>	
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	

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.

> Corporation Service Company By: Cyntua A. Daus
> (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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVERGYS LEARNING 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 EIGHTH DAY OF JUNE, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGYS LEARNING SOLUTIONS INC." WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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SECRETARY OF STATE



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Harriet Smith Windson Secretary of State

AUTHENTICATION: 4807232

060553041 DATE: 06-08-06

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