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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|---|--|
| SUBJECT: CENTRA Techn | ology, Inc. | |
| | corporation - must include suffix) | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corpor "Certificate of Existence," and check are submarransact business in Florida. | ration for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to | |
| Please return all correspondence concerning the | his matter to the following: | |
| Harol | d Rosenbaum | |
| | (Name of Person) | |
| CENTRA | A Technology, Inc. | |
| | (Firm/Company) | |
| 25 Burli | ington Mall Road | |
| | (Address) | |
| Burling | gton, MA 01803 | |
| (C | City/State and Zip code) | |
| For further information concerning this matter | r, please call: | |
| _Eileen M. O'Sullivan_ at (| 781 , 272-7887 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing 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 St | | |

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.

| Name: Morgan Polk 15.450 Lagrang Hills Drive Suits 100 |
|--|
| (Date of incorporation) None (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 E. Lombard Street, Baltimore, MD 21202 (Principal office address) 15450 Laguna Hills Drive, Suite 100 (Current mailing address) Research, Development, Consulting, and Language Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) AMERICAN AND AND AND AND AND AND AND AND AND A |
| (Date of incorporation) None (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 E. Lombard Street, Baltimore, MD 21202 (Principal office address) 15450 Laguna Hills Drive, Suite 100 (Current mailing address) Research, Development, Consulting, and Language Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) AMELICA SALAR AND AND AND ACCEPTABLE Name: Morgan Polk (Duration: Year corp. will cease to exist or "perpetual") |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 E. Lombard Street, Baltimore, MD 21202 (Principal office address) 15450 Laguna Hills Drive, Suite 100 (Current mailing address) Research, Development, Consulting, and Language Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Jame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 E. Lombard Street, Baltimore, MD 21202 (Principal office address) 15450 Laguna Hills Drive, Suite 100 (Current mailing address) Research, Development, Consulting, and Language Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Jame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
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| (Current mailing address) Research, Development, Consulting, and Language Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Value and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Itame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk SS |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Polk |
| <u> </u> |
| Ft. Myers (City) 15450 Laguna Hills Drive, Suite 100 Ft. Myers (City) 15450 Laguna Hills Drive, Suite 100 (City) (City) |
| Ft. Myers , Florida 33908 |
| (City) (Zip code) |
| |
| Registered agent's acceptance: |
| |
| ving been named as registered agent and to accept service of process for the above stated corporation at the |
| ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa |
| ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m |
| iving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of made in a significant with and accept the obligations of my position as registered agent. |
| ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m |
| |

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. DIRECT | ORS |
|---------------|--|
| Chairman: | Harold Rosenbaum |
| Address: | 25 Burlington Mall Road |
| | Burlington, MA 01803 |
| Vice Chairmar | 1: |
| Address: | |
| irector: | David W. Spicer |
| Address: | 25 Burlington Mall Road |
| | Burlington, MA 01803 |
| Director: | Lee Zinzer |
| Address: | 4121 Wilson Blvd, Suite 800 |
| | Arlington, VA 22203 |
| . OFFICE | |
| resident: | Harold Rosenbaum |
| .ddress: | 25 Burlington Mall Road, Burlington, MA 01803 |
| | |
| ice President | David W. Spicer |
| ddress: | 25 Burlington Mall Road, Burlington, MA 01803 |
| | David W. Spicer |
| ecretary: | 25 Burlington Mall Road, Burlington, MA 01803 |
| ddress: | Harold Rosenbaum |
| reasurer: | 25 Burlington Mall Road, Burlington, MA 01803 |
| tddress: | |
| OTE: If ne | cessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 3 | (Signature of Director or Officer listed in number 12 of the application) |
| 4. | Harold Rosenbaum, President and CEO |
| · · | (Typed or printed name and capacity of person signing application) |

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CENTRA TECHNOLOGY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 11, 2006.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410)333-7097

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