

FO70000001288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

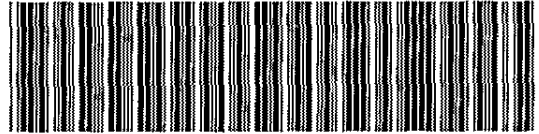
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100088201271

03/07/07--01008--016 \*\*70.00

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2007 MAR -7 AM 11:24  
07 MAR -7 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. Hampton MAR -8 2007



CT

a Wolters Kluwer business

CT

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel

850 222 7615 fax

[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

March 7, 2007

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

Re: Order #: 6592072 WO  
Customer Reference 1: LN Special Services Inc.  
Customer Reference 2: Qualls

Dear Department of State, Florida:

Please file the attached:

LEXISNEXIS SPECIAL SERVICES INC. (DE)  
Qualification  
Florida

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

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

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
[jennifer.murphy@wolterskluwer.com](mailto:jennifer.murphy@wolterskluwer.com)

Please File 1st

**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. LEXISNEXIS SPECIAL SERVICES 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. 02-0664938

(FEI number, if applicable)

4. 10/07/2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 02/02/2007

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1150 18th Street NW, Suite 250, Washington, DC 20036

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

C T Corporation System

By: Bonnie C. Schumacher

(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: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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. Norman A. Willox, Jr., President

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

**FILED**  
2007 MAR -7 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida**

**Purpose Clause**

The purpose of the Corporation is to engage in any lawful act for which corporations may be organized in its domestic state and qualified under the laws of the jurisdictions in which it is authorized to conduct business.

**FILED**

2001 MAR -7 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LexisNexis Special Services Inc.  
Directors & Officers Listing**

**Directors**

Floyd I. Clarke	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Charles J. Cunningham, Jr.	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Norman A. Willox, Jr.	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Richard J. Kerr	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
James M. Peck	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Kurtis P. Sanford	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Brian L. Stafford	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Henry Z. Horbaczewski	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036

**Address**

**Officers**

Norman A. Willox, Jr.	President, CEO and Chairman	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Margaret Ann Hutchinson	Vice President-Operations	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Abdul Omar	Vice President-Finance	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
Brian L. Stafford	Vice President-Business Development	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
James H. Vaules	Vice President	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036
James F. Worrall	General Counsel and Secretary	1150 18 <sup>th</sup> St NW, Suite 250 Washington, DC 20036

**Title**

**Address**

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2007 MAR - 7 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

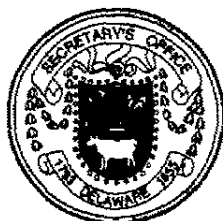
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEXISNEXIS SPECIAL SERVICES 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 FIFTH DAY OF FEBRUARY, A.D. 2007.

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.



3577064 8300

070127187

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5409194

DATE: 02-05-07



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March 7, 2007

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

RECEIVED  
07 MAR - 7 AM 10:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Re: Order #: 6592072 WO  
Customer Reference 1: LN Special Services Inc.  
Customer Reference 2: Quals

Dear Department of State, Florida:

Please file the attached:

LEXISNEXIS SPECIAL SERVICES INC. (DE)  
Misc - Foreign Corporate Filing - Filing Assumed Name/Tradename Application  
Florida

+ Good Standing

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

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

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
jennifer.murphy@wolterskluwer.com

Please File 2nd



# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

2007 MAR -7 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Section 1

1. LexisNexis Advanced Government Solutions Inc.  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")  
1150 18th St. NW, Suite 250

Mailing Address of Business  
Washington, D.C. 20036  
City State Zip Code

3. Florida County of principal place of business:

MULTIPLE

(see instructions if more than one county)

This space for office use only

Section 2

## A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- |  |  |
|--|--|
| 1. Last First M.I.<br>Address<br>City State Zip Code | 2. Last First M.I.<br>Address<br>City State Zip Code |
|--|--|

## B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

- |   |  |
|---|--|
| 1. LexisNexis Special Services Inc.<br>Entity Name<br>1150 18th St. NW, Suite 250<br>Address<br>Washington, DC 20036<br>City State Zip Code<br>Florida Registration Number <u>FO7000001288</u><br>FEI Number: <u>02-0664938</u><br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. Entity Name<br>Address<br>City State Zip Code<br>Florida Registration Number<br>FEI Number:<br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|---|--|

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 2007  
Signature of Owner Date

Phone Number: 202-378-1018

G07066900005  
03/07/07-01008-017 \*\*60.00

Signature of Owner Date

Phone Number:

Section 4

## FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes ☒ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50