(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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COVER LETTER

TO: New Filing Section Division of Corporations		
SURJECT. Lifesize Communication	\ \$,	
SUBJECT: Lifesize Communication (Name of corporate	ion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matter	er to the following:	
William R. Paape	200 TAL	
William R. Paape (Name o	of Person)	
Lifesize Communications, Inc (Firm/C	of Person)	
	ompany)	
901 S. Mopac Building 3, S	vite 300	
(Add	dress)	
Austin, TX 78746 (City/State	<u> </u>	
(City/State	and Zip code)	
For further information concerning this matter, please	call:	
faul Levine at (512	1 623-4214	
(Name of Person) at (S12) 623-4214 (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 \$\bigcup \\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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.	Lifesize Communications, Inc.				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Inc.," "Co.," "Corp," "Inc.," "Co.," "Corp," "Co.," "Corp," "Co.," "Corp," "Co.," "Corp," "Co.," "Corp," "Co.," "	n			
	· · · · · · · · · · · · · · · · · · ·	2100ER7			
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	\mathcal{I}			
2.	(State or country under the law of which it is incorporated) 3. 06-1680606 FEI number, if applicable FEI number, if applicable FEI number, if applicable FEI number, if applicable FEI number.				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")				
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6	NA				
0.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7.	16007 Gulf Blud. Redington Beach, FL 33708 (Principal office address)				
	(Principal office address)				
	QOI S. Mopac Building 3, Suite 300 Austin, TX 78746 (Current mailing address)				
8.	Oewlope, Manufacture + Sell HD audio video Conferencing equipm (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	nent			
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
	Name: CT Corporation System				
0	ffice Address: 1200 S. Pine Island Rd				
	Plantation, Florida 33324 (City) (Zip code)				
	(City) (Zip code)				
). Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the p	lace			

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.

Jane Zachritz

Assistant Secretary

(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:

. 2

A. DIRECTORS Chairman: Vice Chairman: Address: ____ Director: ___ Director: Address: **B. OFFICERS** \triangleright President: Craig Malloy Address: 2706 Greenlee Dr. Austin, TX 78703 Vice President: William R. Paape Address: 1110 Kennan Road Address: Treasurer: ___ Sanc as above Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) William R. Paape, Vice President and Secretary (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 "LIFESIZE COMMUNICATIONS, 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 SAID "LIFESIZE COMMUNICATIONS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2003.

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.

PILED

2001 MAR 19 A 10: 35

SECRETARY OF STATE
TALL AHASSEE FLORING



3618689 8300 070127073 Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5409163

DATE: 02-05-07