

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000002143

FILED  
Dec 03, 2008  
Secretary of State

Entity Name: INSIGHT GLOBAL (DELAWARE), INC.

## Current Principal Place of Business:

4170 ASHFORD DUNWOODY SUITE 580  
ATLANTA, GA 30319

## New Principal Place of Business:

## Current Mailing Address:

4170 ASHFORD DUNWOODY SUITE 580  
ATLANTA, GA 30319

## New Mailing Address:

FEI Number: 20-8775560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JENNIFER F AULTMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, GLENN  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

Title: S ( ) Delete  
Name: MADISON, SCOTT  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

Title: D ( ) Delete  
Name: SHORTSLEEVE, BRIAN  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

Title: D ( ) Delete  
Name: BLACK, JOHN  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

Title: D ( ) Delete  
Name: PHILLIPS, MICHAEL  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MADDEN, SCOTT  
Address: 4170 ASHFORD DUNWOODY SUITE 580  
City-St-Zip: ATLANTA, GA 30319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT MADDEN

S

12/03/2008

Electronic Signature of Signing Officer or Director

Date