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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Meridio Inc.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Meridio Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 200329046
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/06/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 07/01/2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 890 Winter Street, Suite 215, Waltham, MA 02451
(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 , Florida 33324
(City) (Zip code)
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: Lauren H. KREATZ
(Registered agent's signature) **SPECIAL ASSISTANT SECRETARY**
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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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Brian Baird

Address: 890 Winter Street, Suite 215

Waltham, MA 02451

Vice President: _____

Address: _____

Secretary: Jeff Wylie

Address: 890 Winter Street, Suite 215, Waltham, MA 02451

Treasurer: Jeff Wylie

Address: 890 Winter Street, Suite 215, Waltham, MA 02451

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. Jeff Wylie, Secretary

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

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Attachment to Florida

Purpose Clause

To market and sell software solutions, including the licensing of the company's software product and professional services, support and maintenance of the product.

Officers & Directors

- | | | |
|---|-------------------|------------------------------|
| 1 | Full Name: | Jeff Wylie |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO |
| | Director's Title: | |
| | Business Address: | 890 Winter Street, Suite 215 |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |
| 2 | Full Name: | Brian Baird |
| | Officer/Director: | Officer |
| | Officer's Title: | CEO |
| | Director's Title: | |
| | Business Address: | 890 Winter Street, Suite 215 |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |
| 3 | Full Name: | Alan Gilmore |
| | Officer/Director: | Officer |
| | Officer's Title: | CTO |
| | Director's Title: | |
| | Business Address: | 890 Winter Street, Suite 215 |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |
| 4 | Full Name: | Nigel Hutchinson |
| | Officer/Director: | Officer |
| | Officer's Title: | COO |
| | Director's Title: | |
| | Business Address: | 890 Winter Street, Suite 215 |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIO 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 TWENTY-FIFTH DAY OF JUNE, 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.

3690039 8300

070747588



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5789657

DATE: 06-25-07