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(Re	questor's Name)	
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SECRETARY OF STATE

COVER LETTER

TO:	New Filing S Division of C							
SUBJ	ECT:	PANORAMA	SOFTWI	ARE IN	n 	·		
					st include suffi	ix)		
Dear S	Sir or Madam:							
"Certi		eation by Foreign (nce," and check ar lorida.						
Please	return all corre	spondence concer	ning this m	atter to the	following:			
	CHRISTINA	KWAN						
	·		(Nar	ne of Persor)			
	PANORAMA	SOFTWARE	INC.					
			(Firn	n/Company))			
11	4 EGLINT	ON AVENUE	EAST,	MITE Address)	400			·····
٦	DRONTO ,	ONTARIO, M	148 164	t, can	<u>404</u>			
	OKUNTO ,	VIATIONO, I		tate and Zip			70 2	
For fu	rther information CHRISTINA (Name of Pe		_ at (<u> </u>	16) 54	<u>5 - 0990</u> Daytime Tele			> -{
	New Filing S Division of C Clifton Build	orporations ing ve Center Circle	SS:		New Filing Division of P.O. Box 6	Corporation		-
Enclos	sed is a check fo	or the following an	nount:					
\$7 0.	.00 Filing Fee	\$78.75 Filir Certificate			5 Filing Fee & fied Copy	Cer	50 Filing Fee tificate of Statified Copy	

F07-5484



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2007

CHRISTINA KWAN
PANORAMA SOFTWARE INC.
164 EGLINTON AVE. EAST, SUITE #400
TORONTO, ONTARIO, CANADA, M4P

SUBJECT: PANORAMA SOFTWARE INC.

Ref. Number: W07000051621

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WHEN TWO FOREIGN CORPORATIONS MERGE AND THE SURVIVOR IS NOT THE CORPORATION QUALIFIED IN THE STATE OF FLORIDA, THE SURVIVOR MUST QUALIFY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE MERGED CORPORATION SHOULD BE WITHDRAWN.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 307A00061350

2001 NOV -2 AH 8: 00
SECRETARY OF STATE

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.	PANORAMA JOFTWARE IN	NC. ATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.,	" "Corp," "Inc," "Co," or "Corp.")	ATED, COMPANY, CORPORATION,
(If name una	vailable in Florida, enter alternate corporate	e name adopted for the purpose of transacting business in Florida)
2.	DELAMARE	3. FEIN#: 71-1026417
(State or cour	ntry under the law of which it is incorporated	3. FEIN #: 71 - 102 6417 (FEI number, if applicable)
4.	SEPTEMBER 12, 2006	5. PERPETUAL
. (1	Date of incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6		
•	(Date first transacted busi (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) 2 607.1502, F.S., to determine penalty liability)
7. <u> </u>	AVENUE OF THE AMERICAS, # (Principal office)	# 7109 , NEW YORK NY, 10020 - 1513
164 EGL	INTON AVENUE EAST VIITE (Current mailir	400, TORONTO ONTARIO, MAPIGA, CANADA
8(Purpo	JELL BUSINESS INTELLIGEN Cose(s) of corporation authorized in home state	CE SOFTWAKE SEE SEE STATE OF Floridation SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
9. Name and s	treet address of Florida registered agent:	t: (P.O. Box NOT acceptable)
Name	ET CORPORATION SYSTEMS	S LMARK S. EPPLEY)
Office Address	s: 1200 JOUTH PINE ISLAND R	ROAD SS CO
	PLANTATION	Florida 333.24
	(City)	, Florida <u>333.24</u> (Zip code)
Having been r designated in a further agree	this application, I hereby accept the app	ot service of process for the above stated corporation at the place opointment as registered agent and agree to act in this capacity. I tutes relative to the proper and complete performance of my duties my position as registered agent.
		lark S. Eppley ant Vice-President

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.

and Secretary

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A.	DIRECTORS		

Chairman: _	KONY ROSS
Address:	164 ECLINTON AVENUE EAST , JUITE 400, TORONTO ONTARIO , MAP 164, CANADA
— Vice Chairm	nan:
Address:	
— Director: _	EYNAV AZARYA
Address:	164 EGUNTON AVENUE EAST, JUITE 400, TORONTO ONTARIO, MAP 164, CANADA
— Director:	· <u> </u>
Address:	LCS TO TO
B. OFFIC	
	EYNAV AZARYA (LED) 53 00 164 EGLINTON AVENUE EAST, JUITE 400, TORONTO ONTARIO, MAR 164, CANADA
– Vice Preside	ent: <u>EATHERINE PLAYFORD</u> (CFO)
	164 EGUNTON AVENUE EAST, SUITE 400, TORONTO ONTARIO, MAPIGH, CANADA
 Secretary: _	
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 visted in number 12 of the application)
14	CATHERINE PLAYFORD, CHIEF FINANCIAL OFFICER (Typed or printed name and consoity of person signing application)
	(Lynad or printed name and concepts at pareon cigning application)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PANORAMA SOFTWARE 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-FOURTH DAY OF SEPTEMBER, A.D. 2007.



8300

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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6022807

DATE: 09-24-07