F08000001983

(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: HUSSA MARTINGAVE AUTHORIZATION BY PHONE TO CORRECT Late 9 CINCAP. DATE 5/2/08 DOC. EXAM MRP							

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Office Use Only



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SECKETARY OF STATE

MRS/2

COVER LETTER

TO:	New Filing S Division of C				
SUB	JECT:	Xactwa	re Solut	ions, Inc.	
2020		(Name of	corporation	- must include suffix	к)
Dear S	Sir or Madam:				
"Certi		nce," and check are sub			sact Business in Florida," enced foreign corporation to
Please	return all corre	espondence concerning	this matter	to the following:	
		Α	yesha N	1antey	
			(Name of	Person)	
		Insuranc	e Servi	ces Office, Inc.	
			(Firm/Con	npany)	
		545 Wa	ashingto	n Boulevard	
			(Addre	ess)	
		Je	rsey Cit	y, NJ 07310	
		(0	City/State a	nd Zip code)	
For fu	rther information	on concerning this matte	er, please ca	11:	
A	yesha Mar	ntey at	₍ 201	, 469-2967	
	(Name of Pe		`	ode & Daytime Telep	hone Number)
	New Filing S Division of C Clifton Build	orporations ing ve Center Circle		MAILING New Filing S Division of G P.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	sed is a check for	or the following amount	:		
∑]\$ 70	.00 Filing Fee	\$78.75 Filing Fed Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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.		Xactware Solutions, Inc.						
		Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.	')					
	(If tomo unavaile	hla in Elavida, autor altama	**************************************	louted for the number of transporti	na huainaga in Florida)			
			te corporate name ad	lopted for the purpose of transacti	ng business in Florida)			
2.	Dei	aware	3	(FEI number, if app				
		_						
4.		28/ 9 3	5	Perpetual Duration: Year corp. will cease t				
	(Date	of incorporation)	(Duration: Year corp. will cease t	o exist or "perpetual")			
6.								
		- (Date first tra (SEE SECTIONS (nsacted business in F 507.1501 & 607.1502	Florida, if prior to registration) 2, F.S., to determine penalty liabil	ity)			
7.	1426 E. 75	0 North	Orem, UT	84097				
		(P	rincipal office addres	ss)				
	545 Washi	ngton Boulevard	Jersey City	y, NJ 07310				
		(C	urrent mailing addres	ss)				
8.				involved in estimating all p				
	(Purpose(s) of corporation authorized i	n home state or cour	ntry to be carried out in state of Fl	orida)			
9.	Name and stree	t address of Florida regist	ered agent: (P.O.)	Box NOT acceptable)	11			
	Name:	Thomas S. Agu	ılia	_	FE 8			
0:	ffice Address:	Insurance Services Office	ce, Inc. 3491 SW S	awgrass Villas Dr.	08 APR 29 SECRETARY TALLAHAS			
		Palm City		, Florida				
		(City	'1	(Zip code)				
10	Pagistared ag	ant's accontance		of process for the above state	FLOST TO THE STATE OF THE STATE			
H	aving been name	ed as registered agent an	d to accept service	of process for the above state	d corporation at the place			
ae	signated in this	application, I hereby acc	ept the appointme	nt as registered agent and agr	ee to act in this capacity. I			
		omply with the provisions with and accept the oblig		itive to the proper and comple ion as registered agent.	te performance of my duties,			
	J	/11	1 .	Ç Ü				
		Marine /	V /s					
		Junion /	gun					
		(Registered	agent's signature)					

11. Attached is a certificate of existence duty 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: _____ Address: Vice Chairman: Address: Director: Frank J. Coyne Address: 545 Washington Boulevard Jersey City, NJ 07310 Director: Scott Stephenson Address: 545 Washington Boulevard Jersey City, NJ 07310 **B. OFFICERS** President: James E. Loveland Address: 1426 East 750 North Orem, UT 84097 Vice President: Scott Stephenson Address: 545 Washington Boulevard Jersey City, NJ 07310 Secretary: Kenneth E. Thompson Address: 545 Washington Boulevard Jersey City, NJ 07310 Treasurer: Address: NOTE: If necessary, you may stach ap addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14 Kenneth E. Thompson, Secretary (Typed or printed name and capacity of person signing application)

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XACTWARE SOLUTIONS," 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 FOURTEENTH DAY OF APRIL, A.D. 2008.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XACTWARE SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 1983.



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080425580

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6522190

DATE: 04-14-08

You may verify this certificate online at corp.delaware.gov/authver.shtml