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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

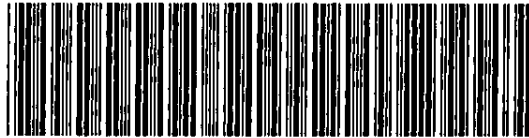
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WD7-14429 *OK'd  
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03/22/07--01022--003 \*\*70.00

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2010 JUN 30 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*1060  
10/30*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2007

TRACEY MONGELLUZZO  
FOUR RIVERS SOFTWARE SYSTEMS, INC  
101 ARDMORE BLVD. 2ND FLOOR  
PITTSBURG, PA 15221

SUBJECT: FOUR RIVERS SOFTWARE SYSTEMS, INC.  
Ref. Number: W07000014429

We have received your document for FOUR RIVERS SOFTWARE SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6934.

Loria Poole  
Document Specialist

Letter Number: 107A00020100

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Four Rivers Software Systems Inc  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tracy Mongelluzzo  
(Name of Person)  
Four Rivers Software Systems Inc  
(Firm/Company)  
1501 Ardmore Blvd 2nd Floor  
(Address)  
Pittsburgh PA 15221  
(City/State and Zip code)

For further information concerning this matter, please call:

Tracy Mongelluzzo at (412) 256 9024  
(Name of Person) (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    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN 30 PM 4:23

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1. Four Rivers Software Systems Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. 25-1630764  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/90 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1501 Ardmore Blvd 2nd Floor Pittsburgh PA 15221  
(Principal office address)

Same  
(Current mailing address)

8. Software  
(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: Leonard Olson

Office Address: 623 Sid Drive

Jacksonville, Florida 32218  
(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.

Leonard Olson  
(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:

A. DIRECTORS

Chairman: Henry F. Wilde Jr.

Address: same as co

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: same as Chairman

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Henry F. Wilde Jr. CEO  
(Signature of Director or Officer listed in number 12 of the application)

14. Henry F. Wilde Jr. CEO  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**SEPTEMBER 22, 2006**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

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**I DO HEREBY CERTIFY THAT,**

**FOUR RIVERS SOFTWARE SYSTEMS, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortis*

**Secretary of the Commonwealth**