# F100000004069

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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SECRETARY OF STATE

10 SEP 10 PH 1:1



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## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |                    |   |  |
|---|--------------------|---|--|
| SUBJECT: ThingMagic, Inc.   |                    |   |  |
| Name of   | corporation        | - must include suffix   |  |
| Dear Sir or Madam:  |                    |   |  |
| The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran   | Good Stan          | ding" and check are sub   |  |
| Please return all correspondence concerning   | this matter        | to the following:   |  |
| General Counsel   |                    |   |  |
|   | Name of            | Person  |  |
| ThingMagic, Inc.  |                    |   |  |
|   | Firm/Com           | pany  |  |
| One Cambridge Center, 11th floor  |                    |   |  |
|   | Addre              | ess   |  |
| Cambridge, MA 02142   |                    |   |  |
|   | City/State as      | nd Zip code   |  |
| beth@thingmagic.com   | ·····              |   |  |
| E-mail address: (   | to be used f       | or future annual report n   | otification)   |
| For further information concerning this matt  | er, please c       | all:  |  |
| Beth C. Van Pelt at   | ( <mark>617</mark> | ) 299-2461  |  |
| Name of Person  |                    | Code & Daytime Telepho  | one Number   |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amoun | t:                 | MAILING Al<br>New Filing Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fl | ction<br>orporations   |
| □ \$70.00 Filing Fee □ \$78.75 Filing F<br>Certificate of S   |                    | \$78.75 Filing Fee & Certified Copy   | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| i. | ThingMagic, In    | c  |      |   |                  |              |
|----|-------------------|--|------|---|------------------|--------------|
|    |                   | orporation; must include "INCORPORAT" orp," "Inc," "Co," or "Corp.") | ED,  | " "COMPANY," "CORPORATION,"   | _                |              |
|    |                   |  |      |   |                  |              |
|    | (If name unavaila | able in Florida, enter alternate corporate na                        | me   | adopted for the purpose of transacting business in Florida                      | )                |              |
| 2. | Delaware          |  | 3.   | 20-2721009  |                  |              |
|    | (State or country | under the law of which it is incorporated)                           |      | (FEI number, if applicable)   | -                |              |
| 4. | April 19, 2005    |  | 5.   | Perpetual   |                  |              |
|    | (Date             | of incorporation)  | ٥.   | (Duration: Year corp. will cease to exist or "perpetual")                       | _                |              |
| 6. | September 1, 2    | 2010   |      |   |                  |              |
|    |                   | •  |      | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | - 5              |              |
| 7. | One Cambridge     | Center, 11th floor, Cambridge, MA 02                                 | 142  | SAR S   | \chi_{\text{SI}} |              |
| •  |                   | (Principal office  | add  | ress)   | <u> </u>         | <u> </u>     |
|    | One Cambridge     | Center, 11th floor, Cambridge, MA 02                                 | 142  | 2   | 0                | The state of |
|    |                   | (Current mailing   | add  | ress) $\stackrel{\mathcal{T}^{-\overline{\tau}_1}}{\sim}$                       | PH               | 860          |
| 8. | Design and dev    | elop RFID readers and to engage in a                                 | ny l | awful act or activity for which com   | · ·              | C            |
|    | (Purpose(s        | ) of corporation authorized in home state of                         | rcc  | ountry to be carried out in state of Florida)                                   | <)               |              |
| 9. | Name and stree    | t address of Florida registered agent: (                             | P.C  | ). Box <u>NOT</u> acceptable)   |                  |              |
|    | Name:             | CT Corporation   |      |   |                  |              |
| Of | ffice Address:    | 1200 South Pine Island Road  |      |   |                  |              |
|    | Ţ.                | Plantation   |      | , Florida 33324   |                  |              |
|    |                   | (City)   |      | (Zip code)  |                  |              |
| 10 | Registered so     | rent's accentance  |      |   |                  |              |

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.

Kristen Betzger Vice President

(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:

| AMMOVE  |  |
|---------|--|
| APPHOVE |  |

A. DIRECTORS

| A. DIRE          | ECTORS   | OSEP LO DU                           |
|------------------|--|--------------------------------------|
| Chairman:        | Thomas H. Grant  | OSEP 10 PH 1:47                      |
| Address: _       | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 027                  | SECRETATY OF STATE MEAHASSEE FLORIDA |
| Vice Chair       | rman:  |                                      |
| Address: _       | · · · · · · · · · · · · · · · · · · ·  |                                      |
| Director: _      | Ravikanth Pappu  |                                      |
| Address: _       | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 02                   | 142                                  |
| -<br>Director:   | Kristian Freiwald  |                                      |
|                  | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 021                  | 42                                   |
| _                |  |                                      |
| B. OFFIC         |  |                                      |
| President:       | Bernd Schoner  |                                      |
| Address: _       | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 021                  | 42                                   |
| –<br>Vice Presid | <sub>dent:</sub> Ravikanth Pappu   |                                      |
|                  | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 021                  | 142                                  |
| _                | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 021                  |                                      |
| Secretary:       | Bernd Schoner  |                                      |
|                  | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 021                  | 42                                   |
| _                | David Cabana   |                                      |
| Address: _       | ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 02                   | 142                                  |
| NOTE: I          | If necessary, you may attach an addendum to the application listing additional officer |                                      |
|                  | (Signature of Director or Officer listed in number 12 of the application)              |                                      |
| 14. Thon         | mas H. Grant, Chairman   |                                      |
|                  | (Typed or printed name and capacity of person signing application)                     |                                      |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### Addendum

### Section 12B, Additional Officers

Vice President: Yael Maguire

ThingMagic, Inc., One Cambridge Center, 11<sup>th</sup> floor, Cambridge, MA 02142

Vice President: Mark Schwartz

ThingMagic, Inc., One Cambridge Center, 11<sup>th</sup> floor, Cambridge, MA 02142

Vice President: David Emma

ThingMagic, Inc., One Cambridge Center, 11<sup>th</sup> floor, Cambridge, MA 02142

Vice President: Glenn Cozzens

ThingMagic, Inc., One Cambridge Center, 11th floor, Cambridge, MA 02142

SECRETARY OF STATE

## Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THINGMAGIC, 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 THIRTY-FIRST DAY OF

AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE

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AUTHENTX CATION: 8201685

DATE: 08-31-10

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