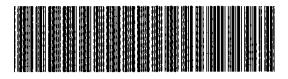
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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
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W16-42366

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Wacom Technology Services, Corp.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	natter to the following:
David Nathman	
Nam	e of Person
Wacom Technology Services, Corp.	
Firm/	Company
1311 SE Cardinal Ct	
A	Address
Vancouver, WA 98683	
City/St:	ate and Zip code
david.nathman@wacom.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
David Nathman at (360	ր 896- <del>9</del> 833 x282
	rea Code & Daytime Telephone Number
•	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations	MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
<b>☑</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2010

DAVID NATHMAN WACOM TECHNOLOGY SERVICES, CORP. 1311 SE CARDINAL CT VANCOUVER, WA 98683

SUBJECT: WACOM TECHNOLOGY SERVICES, CORP.

Ref. Number: W10000042366

We have received your document for WACOM TECHNOLOGY SERVICES, CORP. 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 410A00021447

10 SEP 21 AM 10: 4.1

#### 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.		nology Services, Corp.			<u>-</u>
	(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORA" Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"	·
	(If name unavail	lable in Florids, enter alternate cornorate n	ame	e adopted for the purpose of transacting business in Florida)	<del>-</del>
2.	Washington		3.	30-0635114	
		under the law of which it is incorporated)		(PEI number, if applicable)	-
4.	06/15/2010		5.	perpetual	
•		e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-
б.					_
				in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
<b>.</b>	1311 SE Cardir	ial Ct., Vancouver, WA 98683	,,.,	502, 1.5., to determine periors into the sy	
/	TOTT OL GUIGI	(Principal office	ado	iress)	-
	1311 SE Cardi	nal Ct., Vancouver, WA 98683		,	•
-		(Current mailing	ado	tress)	-
					<i>,</i> •
8.		Computer Input Devices - Pen Tablets			-
	(Purpose(s	s) of corporation authorized in home state	OF C	ountry to be carried out in state of Florida)	± -
9.	Name and street	et address of Plorida registered agent;	(P.C	O. Box NOT acceptable)	St
	Name:	C T Corporation System			20
Of	fice Address:	1200 South Pine Island Road			2 = 1
		Plantation		, Florida 33324	
		(City)		(Zip code)	超出
10.	Registered as	gent's acceptance:			5m

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.

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:

F	Dus.		D
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	10 SEP 21	AM 11: 27
Chairman		
Address:	SECRETAR 3730 Rivers Edge Dr. TALLAHASS	EF FLORIDA
	Lake Oswego, OR 97034	
Vice Chai	nairman:	
Address:	S	
_		
Director:	r: Aaron Atkinson	
Address:	: 15757 SE Upman Way	
	Damascus, OR 97089	
Director:	G	
B. OFFI	FICERS	
President:	nt: Joseph Deal	
Address:	: 3730 Rivers Edge Dr.	
	Lake Oswego, OR 97034	
Vice Presi	esident: Robert Rawlings	
	Camas, WA 98607	
	Camas, WA 98607	
Secretary:	y: Aaron Atkinson	•
	15757 SE Upman Way, Damascus, OR 97089	
	Aaron Atkinson	
	15757 SE Upman Way, Damascus, OR 97089	
•		
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
13		
۸ ـــــ	(Signature of Director or Officer listed in number 12 of the application)	
14. <u>Aarc</u>	(Typed or printed name and capacity of person signing application)	



### Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

WACOM TECHNOLOGY SERVICES, CORP.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit
Corporation was formed under the laws of the State of WA and was issued a Certificate Of
Incorporation in Washington on 6/15/2010.

I FURTHER CERTIFY that as of the date of this certificate, WACOM TECHNOLOGY SERVICES, CORP. remains active and has complied with the filing requirements of this office.

Date: August 24, 2010

UBI: 603-024-723

STATE OF WASHINGTON 1889 NO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State