

**F10000004895**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
EXACTTARGET, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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10 NOV -9 PM12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

J. Shivers NOV 10 2010

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EXACTTARGET, 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," or "Certificate of Good Standing" 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:

Scott Gotshall  
Name of Person  
ExactTarget, Inc.  
Firm/Company  
20 N. Meridian St, Suite 200  
Address  
Indianapolis, IN 46204  
City/State and Zip code  
sgotshall@exacttarget.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Gotshall at (317) 524-4969  
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

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TALLAHASSEE, FLORIDA  
SEC. CLERK OF THE  
DIVISION OF CORPORATIONS

**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. EXACTTARGET, 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. Delaware 3. 20-1367351  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/14/2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 20 North Meridian Street, Suite 200, Indianapolis, IN 46204  
(Principal office address)

same  
(Current mailing address)

8. Provide social media and email marketing software and services  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

CT Corporation System

James M. Halpin

By: \_\_\_\_\_

Assistant Secretary

(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.

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

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Scott Dorsey

Address: 20 North Meridian Street, Suite 200

Indianapolis, IN 46204

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

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

Secretary: Traci Dolan

Address: 20 North Meridian Street, Suite 200, Indianapolis, IN 46204

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 listed in number 12 of the application)

14. Traci Dolan, Secretary

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

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CALLED BY: 101  
SECRETARY

**Attachment to Florida  
Officers & Directors**

1	Full Name:	Scott Dorsey
	Officer/Director:	Officer, Director
	Officer's Title:	President & CEO
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
2	Full Name:	David Yuan
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
3	Full Name:	Timothy Mauldin
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
4	Full Name:	Rory O'Driscoll
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
5	Full Name:	Scott Maxwell

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	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
6	Full Name:	Matthew Ferguson
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204
7	Full Name:	Michael Brown
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	20 North Meridian Street, Suite 200
	City:	Indianapolis
	State:	IN
	ZIP Code:	46204

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 SLIP COPY TO  
 FOLLOWING OFFICE

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXACTTARGET, 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 EIGHTH DAY OF NOVEMBER, A.D. 2010.

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

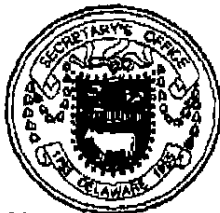
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-08-10 BY 60322

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8339132

DATE: 11-08-10