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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****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
ALDON COMPUTER GROUP CORPORATION**

Certificate of Status	1
Certified Copy	1
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 29 AM 11:16 10 DEC 29 PM 4:56

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**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. Aldon Computer Group Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. California
(State or country under the law of which it is incorporated)
3. 94-2881006
(FBI number, if applicable)
4. 05/27/1980
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. February 15, 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability).
7. 6001 Shellmound Street, Suite 600, Emeryville, CA 94608
(Principal office address)
6001 Shellmound Street, Suite 600, Emeryville, CA 94608
(Current mailing address)
8. Business of providing tools for software configuration management, software development and application distribution.
(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: NRAI Services, Inc.
Office Address: 2731 Executive Park Dr., Ste 4
Weston, Florida 33331
(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.

NRAI Services, Inc.

Cheryl Conklin

(Registered agent's signature)

Cheryl Conklin - Asst. Secretary

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

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Nicholas Kaiser
Address: 2121 Rosecrans Avenue, Suite 2370, El Segundo, CA 90245

Director: Jerome Levine
Address: 2121 Rosecrans Avenue, Suite 2370, El Segundo, CA 90245

B. OFFICERS

President: Matthew Scholl
Address: 8001 Shellmound Street, Suite 600, Emeryville, CA 94608

Vice President: _____
Address: _____

Secretary: Nicholas Kaiser
Address: 2121 Rosecrans Avenue, Suite 2370, El Segundo, CA 90245

Treasurer: Robb Warwick
Address: 2121 Rosecrans Avenue, Suite 2370, El Segundo, CA 90245

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. Matthew Scholl, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TREASURER OF FLORIDA
State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALDON COMPUTER GROUP

FILE NUMBER: C0984039
FORMATION DATE: 05/27/1980
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 06, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State