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Florida Department of State
Division of Corporations
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To:

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

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From:

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION
GSI COMMERCE SOLUTIONS, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Help

of 2/22/12

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GSI Commerce Solutions, 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:

Nicole Choulnard

Name of Person

NRAI Corporate Services, Inc.

Firm/Company

2875 Michelle Drive, Suite 100

Address

Irvine, CA 92606

City/State and Zip code

lcarey@ebay.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Choulnard

at

(949) 955-9585

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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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. GSI Commerce Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. 23-29993313

(FEI number, if applicable)

4. January 26, 1998

(Date of incorporation)

5. perpetual

(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. 935 First Avenue, King of Prussia, PA 19408

(Principal office address)

935 First Avenue, King of Prussia, PA 19408

(Current mailing address)

8. Principal Operating Company - E-Commerce

(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: 515 East Park Avenue

Tallahassee

(City)

Florida 32301

(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.

By: _____

(Registered agent's signature)

Jose Castellanos, 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: Christopher D. SaridakisAddress: 935 First AvenueKing of Prussia, PA 19406

Vice Chairman: _____

Address: _____

Director: Scott RosenbergAddress: 935 First AvenueKing of Prussia, PA 19406Director: Paul CataldoAddress: 935 First AvenueKing of Prussia, PA 19406

B. OFFICERS

President: Christopher D. SaridakisAddress: 935 First AvenueKing of Prussia, PA 19406

Vice President: _____

Address: _____

Secretary: Paul CataldoAddress: 935 First Avenue, King of Prussia, PA 19406Treasurer: Anthony GlasbyAddress: 2145 Hamilton Avenue, San Jose, CA 19406

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. Kathryn Hall, Assistant Secretary

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

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**Officers and Directors of
GSI Commerce Solutions, Inc.**

Executive Officer Name	Position
Christopher D. Saridakis	President
Scott Rosenberg	Chief Financial Officer
Anthony Glasby	Treasurer
Paul Cataldo	General Counsel & Secretary
Brian Levey	Assistant Secretary
Kathryn Hall	Assistant Secretary

The address for Messrs. Saridakis, Rosenberg and Cataldo is: **935 First Avenue,
King of Prussia, PA 19406**

The address for Messrs. Glasby, Levey and Ms. Hall is: **2145 Hamilton Avenue, San
Jose, CA 95125**

Director Name	Address
Christopher Saridakis	935 First Avenue, King of Prussia, PA 19406
Scott Rosenberg	935 First Avenue, King of Prussia, PA 19406
Paul Cataldo	935 First Avenue, King of Prussia, PA 19406

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

JANUARY 8, 2012

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TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GSI COMMERCE SOLUTIONS, INC.

**Is duly incorporated as a Pennsylvania Corporation 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.**

**I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not
imply that all fees, taxes, and penalties owed to the Commonwealth of
Pennsylvania are paid.**



**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.**

Carol A. Riddle

Secretary of the Commonwealth

Certification Number: 10017805-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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