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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MULTIPLAN, 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:

SHAWNA E. GASIK

Name of Person

MULTIPLAN

Firm/Company

535 EAST DIEHL ROAD

Address

NAPERVILLE, IL 60563

City/State and Zip code

SHAWNA.GASIK@MULTIPLAN.COM

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

For further information concerning this matter, please call:

SHAWNA E. GASIK

Name of Person

at ( 630 ) 649-5003

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

**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. MULTIPLAN, 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. NEW YORK

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

3. 13-3068979

(FEI number, if applicable)

4. APRIL 7, 1980

(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. 115 FIFTH AVENUE, 7TH FLOOR, NEW YORK, NY 10003

(Principal office address)

535 EAST DIEHL ROAD, NAPERVILLE, IL 60563

(Current mailing address)

8. PROVIDE NETWORK 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.*

Corporation Service Company

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

(Registered agent's signature) Rickeda Jackson, Asst. Vice Pres.

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 OCT 10 AM 9:30

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

**A. DIRECTORS**

Chairman: MARK TABAK

Address: 115 FIFTH AVENUE, 7TH FLOOR  
NEW YORK, NY 10003

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

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

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

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

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

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

**B. OFFICERS**

President: MARK TABAK

Address: 115 FIFTH AVENUE, 7TH FLOOR  
NEW YORK, NY 10003

Vice President: STEVEN JOLIE

Address: 1100 WINTER STREET  
WALTHAM, MA 02451

Secretary: MARCY E. FELLER

Address: 115 FIFTH AVENUE, 7TH FLOOR, NEW YORK, NY 10003

Treasurer: DAVID L. REDMOND

Address: 535 EAST DIEHL ROAD, NAPERVILLE, IL 60563

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Marcy E. Feller

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

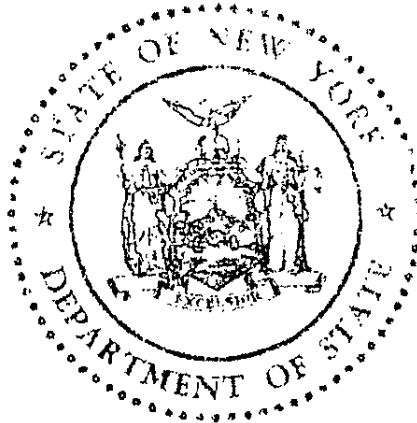
14. MARCY E. FELLER, SECRETARY

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of MULTIPLAN, INC. was filed on 04/07/1980, under the name of IRA F. FISHMAN & ASSOCIATES INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment IRA F. FISHMAN & ASSOCIATES INC., changing its name to MULTIPLAN, INC., was filed 05/08/1981.



06 OCT 10 AM 5:30  
RECEIVED

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 06th day of September two  
thousand and twelve.*

A handwritten signature in dark ink, appearing to read "Neil A. ...", is written over a faint circular outline.

*First Deputy Secretary of State*