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#### **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJE	ECT: Informa Investment Solutions, Inc.	
	Name of corporation - must include suffix	
Dear Si	r or Madam:	
"Certifi	closed "Application by Foreign Corporation for Authorization to Transactate of Existence," or "Certificate of Good Standing" and check are subseferenced foreign corporation to transact business in Florida.	
Please r	return all correspondence concerning this matter to the following:	
Patricia	a Giardina	
	Name of Person	
Inform	a USA, Inc.	
	Firm/Company	
100 Wa	all Street, 9th Floor	
	Address	
New Y	ork, NY 10005	
	City/State and Zip.code	
	E-mail address: (to be used for future annual report n	otification)
For furt	her information concerning this matter, please call:	
Patricia	a Giardina at (917 ) 332-2185	
	Name of Person Area Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  d is a check for the following amount:  MAILING AI  New Filing Section  Division of Co  Division of Co  Tallahassee, Fl  Tallahassee, Fl  Tallahassee, Fl	ction rporations
<sup>*</sup> ⊠ <sup>\$70</sup>	0.00 Filing Fee \$\text{Certificate of Status}\$  \text{\$\text{\$\subset \frac{\pi}{2000} \text{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. Informa Investment Solutions, Inc.	
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. New York 3.	13-3222322
2. (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. May 2, 1984 5.	1 cipetual 25
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 2012	
	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 4 Gannett Drive, White Plains, NY 10604	
(Principal office add	ress)
101 Arthur Andersen Pkwy., Ste. 100, Sarasota, FL	34232
(Current mailing add	dress)
8. Investment research.	
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.G.	
Name: Corporation Service Company	<u> </u>
Office Address: 1201 Hays Street	
Tallahassee	, Florida 32301 (Zip code)
(City)	(Zip code)
	ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties

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: SEE ATTACHED ADDENDUM			
A. DIRECTORS			
Chairman:	<u> </u>	<del></del>	
Address:			
•	20. E.E.	12 [	
Vice Chairman:	AFFA	)EC	
Address:	25.5 75.5 75.5 75.5 75.5 75.5 75.5 75.5	7	1-15-4
		5	C
Director:	ORID.	ည	
Address:	.=-		
·			
Director:			
Address:			
B. OFFICERS			
President:			
Address:			
Vice President			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directo/	rs.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departmenthird degree felony as provided for in s.817.155, F.S.			
Patricia Giardina, Assistant Secretary			

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

## ADDENDUM INFORMA INVESTMENT SOLUTIONS, INC.

#### 12. The names and business addresses of officers and/or directors:

Name	Title	Business Address and Office
Thomas C. Etter	Director	100 Wall Street, New York, NY 10005
Kenneth Bohlin	Director	One Research Drive, Westborough, MA 01581

Name	Title	Business Address and Office
Kenneth Bohlin	President & CEO	One Research Drive, Westborough, MA 01581
Leno Toich	Executive Vice President	4 Gannett Drive, White Plains, NY 10604
Lac An Vuong	Executive Vice President	4 Gannett Drive, White Plains, NY 10604
Thomas C. Etter	Vice President & Secretary	100 Wall Street, New York, NY 10005
Kevin Donagher	Treasurer	One Research Drive, Westborough, MA 01581
Marc Levine	Vice President of Taxation	101 Arthur Andersen Pkwy, Sarasota, FL 34232
Patricia Giardina	Assistant Secretary	100 Wall Street, New York, NY 10005

12 DEC 17 AM IO: 13

# State of New York Department of State } ss:

12 DEC 17 AM

I hereby certify, that the Certificate of Incorporation of INFORMA INVESTMENT SOLUTIONS, INC. was filed on 05/02/1984, under the name of PLAN SPONSOR NETWORK, INC., with perpetual duration, and that a dilfgent 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 PLAN SPONSOR NETWORK, INC., changing its name to INFORMA INVESTMENT SOLUTIONS, INC., was filed 02/03/2004.



**プト プト プト** 

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and twelve.

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First Deputy Secretary of State