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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
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
UNIT 4 BUSINESS SOFTWARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

FILED
13 JAN 29 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 JAN 29 PM 4:06
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MRB 1/30/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Unit4 Business Software, 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:

Megan Richtmeyer
Name of Person

Bingham McCutchen
Firm/Company

One Federal Street
Address

Boston, MA 02110
City/State and Zip code

megan.richtmeyer@bingham.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Richtmeyer at (617) 951-8843
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

**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. Unit4 Business Software, 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. Massachusetts

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

3. _____

(FEI number, if applicable)

4. 03/26/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

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

7. 1000 Elm Street, Suite 801, Manchester, NH 03101

(Principal office address)

same

(Current mailing address)

8. financial software

(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

By: [Signature]

(Registered agent's signature)

SALVIA AGOSTA-GRAY
SPECIAL ASSISTANT 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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Shelley Zapp

Address: 4420 CHATTERTON WAY, STE 201

VICTORIA V8XSJ2, BC

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. m. Barron

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. Michael Barron, Asst. Secretary

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

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**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Linda Choo
 Officer/Director: Officer
 Officer's Title: Secretary and Treasurer
 Director's Title:
 Business Address: 333 IRVING ROAD
 City: VICTORIA V8S4A3 CAN
 State: BC
 ZIP Code:
- 2 **Full Name:** Michael Barron
 Officer/Director: Officer
 Officer's Title: Assistant Secretary
 Director's Title:
 Business Address: c/o Bingham McCutchen, One Federal Street
 City: Boston
 State: MA
 ZIP Code: 02110
- 3 **Full Name:** Shelley Zapp
 Officer/Director: Officer, Director
 Officer's Title: President
 Director's Title: Director
 Business Address: 4420 CHATTERTON WAY, STE 201
 City: VICTORIA V8X5J2
 State: BC
 ZIP Code:
- 4 **Full Name:** ARIE VAN MARION
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: STATIONSPARK 200 PO BOX 102 3364
 City: SLIEDRECHT, NLD
 State:
 ZIP Code:



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02188

Date: January 24, 2013

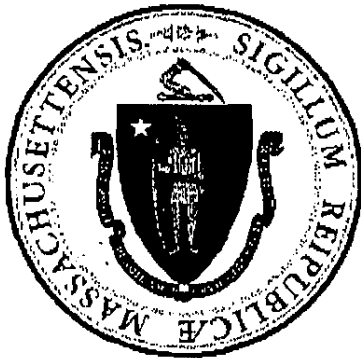
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that according to the records of this office,

UNIT4 BUSINESS SOFTWARE, INC.

is a domestic corporation organized on **March 26, 1999** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 13010768240

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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