

8/7/2013 4:00:58 From: To: 850617681

Division of Corporations

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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 : FCA000000023  
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  
AMDOCS SOFTWARE TECHNOLOGIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
13 AUG -7 PM 4:47

### COVER LETTER

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

**SUBJECT:** AMDOCS SOFTWARE TECHNOLOGIES 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:

ABBIE BILLINGS

Name of Person

AMDOCS INC

Firm/Company

1390 TIMBERLAKE MANOR PARKWAY

Address

CHESTERFIELD, MO 63017

City/State and Zip code

ABBIEB@AMDOCS.COM

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

For further information concerning this matter, please call:

ABBIE BILLINGS

at ( 314 ) 212-7129

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. AMDOCS SOFTWARE TECHNOLOGIES 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. DELAWARE 3. 43-1768536  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/11/1996 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JULY 16, 2013  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1390 TIMBERLAKE MANOR PARKWAY, CHESTERFIELD, MO 63017  
(Principal office address)  
1390 TIMBERLAKE MANOR PARKWAY, CHESTERFIELD, MO 63017  
(Current mailing address)
8. COMPUTER SOFTWARE 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: C T 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.*

C T Corporation System

By: See attached

(Registered agent's signature)

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.

FILED

( 4/6 )

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

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

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

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

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

Director: STEVEN PENNINGTON

Address: 1390 TIMBERLAKE MANOR PARKWAY

CHESTERFIELD, MO 63017

Director: MICHAEL BUCHHEIT

Address: 1390 TIMBERLAKE MANOR PARKWAY

CHESTERFIELD, MO 63017

B. OFFICERS

President: BRYSON STUCKI

Address: 1390 TIMBERLAKE MANOR PARKWAY, CHESTERFIELD, MO 63017

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: BRYSON STUCKI

Address: 1390 TIMBERLAKE MANOR PARKWAY, CHESTERFIELD, MO 63017

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

13. \_\_\_\_\_

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. BRYSON STUCKI, PRESIDENT & TREASURER

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

8/7/2013 14:00:58 From: To: 8506176381

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**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RE:

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated:

CT CORPORATION SYSTEM

By Katherine Lackey  
Katherine Lackey,  
Assistant Secretary

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TALLAHASSEE FLORIDA

# Delaware

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMDOCS SOFTWARE TECHNOLOGIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2693148 8300

130952709

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0638756

DATE: 08-05-13