

F13000003434

Division of Corporations

Page 1 of 1

**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: _____

Consulting Psychologists Press, Inc.
FOREIGN PROFIT/NONPROFIT CORPORATION
CPP, Inc. d/b/a

Certificate of Status	0
Certified Copy	0
Page Count	057
Estimated Charge	\$1,170.00

RE-SUBMIT

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8/12/2013 13:01:49 From: To: 8506176381

(2/7)

850-617-6381

1/23/2013 11:14:51 AM PAGE 1/001 Fax Server



January 23, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CPP, INC.
REF: W13000004405

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: E13000016165
Letter Number: 313A00001687

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CPP, 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:

Thaddeus Stephens

Name of Person

CPP, Inc.

Firm/Company

1055 Joaquin Road, Suite 200

Address

Mountain View, CA 94043

City/State and Zip code

tstephens@cpp.com

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

For further information concerning this matter, please call:

Michael Kim

at (650) 691-9125

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. CPP, Inc.

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

Consulting Psychologists Press, Inc.

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

2. California

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

3. 94-1237736

(FBI number, if applicable)

4. January 4, 1956

(Date of incorporation)

5. perpetual

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

6. January 2009

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

7. 1055 Joaquin Road, Suite 200, Mountain View, CA 94043

(Principal office address)

1055 Joaquin Road, Suite 200, Mountain View, CA 94043

(Current mailing address)

8. The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the laws of Florida.
(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

(City)

Florida

33324

(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, 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:

Kristin Bolden
(Registered agent's signature)

Kristin Bolden
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

Chairman: (see attached schedule)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: (see attached schedule)

Address:

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.

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 § 817.135, P.S.

14. Thaddius Stephens, Vice President, General Counsel, & Secretary

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

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SCHEDULE OF OFFICERS AND DIRECTORS FOR CPP, INC.

OFFICERS

NAME: JEFFREY HAYES
TITLE: PRESIDENT & CHIEF EXECUTIVE OFFICER
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: CALVIN FINCH
TITLE: SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, & TREASURER
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: THADDEUS STEPHENS
TITLE: VICE PRESIDENT, GENERAL COUNSEL, & CORPORATE SECRETARY
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

DIRECTORS

NAME: CARL THORESEN
TITLE: CHAIRMAN OF THE BOARD OF DIRECTORS
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: JEFFREY HAYES
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: WAYNE CASCIO
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: CALVIN FINCH
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: DALTON MARTIN
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: CHRISTINA MASLACH
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: MARION MCGOVERN
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

NAME: R. WAYNE OLER
TITLE: DIRECTOR
ADDRESS: 1055 JOAQUIN ROAD, SUITE 200, MOUNTAIN VIEW, CA 94043

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

CPP, INC.

FILE NUMBER: C0313971
FORMATION DATE: 01/04/1956
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 30, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State