

# F13000004571

### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

**\*RE-SUBMIT\***

Please retain original file date of submission *10/21*

**\*\*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

Flightstats, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED  
13 OCT 22 PM 3:13  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

FILED  
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DIVISION OF CORPORATIONS  
13 OCT 21 PM 12:15

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Corporate Filing Menu

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*J* 10/23/13

**COVER LETTER**

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

**SUBJECT:** Flightstats, 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:

Betty Kobas  
Name of Person

FlightStats, Inc  
Firm/Company

322 SW Fifth Ave., Suite 200  
Address

Portland, OR 97204  
City/State and Zip code

bkobas@flightstats.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Kobas at ( 503 ) 445-4222  
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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850-817-8381

10/22/2013 12:58:35 PM PAGE 1/001

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October 22, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: FLIGHTSTATS, INC.  
REF: W13000058548

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 listed in number one of the application must be identical to the name listed in the certificate of existence.

List the complete name of the chairman in number 12 of the application.

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

Ruby Dunlap  
Regulatory Specialist II

FAX Aud. #: H13000233161  
Letter Number: 313A00024615

**\*RE-SUBMIT\***  
Please retain original filing  
date of submission 10/21

**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. Flightstats, 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. Oregon 3. 93-1324456  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 2, 2001 5. Perpetual  
(Date of Incorporation) (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. 522 SW Fifth Avenue, Suite 200 Portland OR 97204  
(Principal office address)

Same  
(Current mailing address)

8. Data Processing, Hosting and Related 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: 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: Connie Bryan Connie Bryan  
(Registered agent's signature) Registrar/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: Jeffrey Kennedy

Address: 522 SW Fifth Ave., Suite 200  
Portland, OR 97204

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

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

CEO/  
Director: R. Tod Hutchinson

Address: 522 SW Fifth Ave., Suite 200  
Portland, OR 97204

Director: Mark Tilden

Address: 522 SW Fifth Ave., Suite 200  
Portland, OR 97204

B. OFFICERS

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

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 s.817.155, F.S.

14. R. Tod Hutchinson, CEO  
(Typed or printed name and capacity of person signing application)

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **KATE BROWN**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**FLIGHTSTATS, INC.**

was

incorporated

under the Oregon

Business Corporation Act

on

August 2, 2001

and is active on the records of the Corporation Division as of the date of this certificate.

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In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown".

**KATE BROWN**, Secretary of State

October 18, 2013