

F 13000004778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

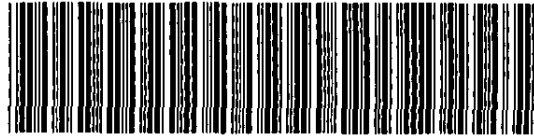
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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g 11/5/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 865045 7261680

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : October 30, 2013

ORDER TIME : 8:58 AM

ORDER NO. : 865045-005

CUSTOMER NO: 7261680

FOREIGN FILINGS

NAME: PROJECT MANAGEMENT INSTITUTE,  
INC.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** Project Management Institute, Inc.

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Allison Chimera

\_\_\_\_\_  
Name of Person

Project Management Institute, Inc.

\_\_\_\_\_  
Firm/Company

14 Campus Boulevard

\_\_\_\_\_  
Address

Newtown Square, PA 19073

\_\_\_\_\_  
City/State and Zip Code

allison.chimera@pmi.org

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

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For further information concerning this matter, please call:

Allison Chimera

at ( 610 ) 356-4600 x5037

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Project Management Institute, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. PA 3. 23-1887442  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/18/1969 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 14 Campus Boulevard, Newtown Square, PA 19073  
(Principal office address)  
  
14 Campus Boulevard, Newtown Square, PA 19073  
(Current mailing address)
8. Professional membership association  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
  
Name: Corporation Service Company  
  
Office Address: 1201 Hays Street  
  
Tallahassee, Florida 32301  
(City) (Zip Code)

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**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.*

Corporation Service Company

By: 

(Registered agent's signature)

**Sue G. Knight**  
**Assistant Vice President**

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 addresses of officers and/or directors

**A. DIRECTORS**

Chairman: SEE ATTACHED LIST

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

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

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

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

**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. Mark A. Langley  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark Langley, CEO  
(Typed or printed name and capacity of person signing application)

**Project Management Institute, Inc.  
Directors and Officers**

Name	Title	Address
Mark Langley	CEO	14 Campus Boulevard Newtown Square, PA 19073
Antonio Nieto-Rodriguez	Director	14 Campus Boulevard Newtown Square, PA 19073
Beth Partleton	Director	14 Campus Boulevard Newtown Square, PA 19073
Cheryl Walker Waite	Director	14 Campus Boulevard Newtown Square, PA 19073
Deanna Landers	Director	14 Campus Boulevard Newtown Square, PA 19073
Deena Gordon Parla	Director	14 Campus Boulevard Newtown Square, PA 19073
Diane White	Director	14 Campus Boulevard Newtown Square, PA 19073
Herman Gonzalez	Director	14 Campus Boulevard Newtown Square, PA 19073
Jane Farley	Director	14 Campus Boulevard Newtown Square, PA 19073
Jon Mihalic	Director	14 Campus Boulevard Newtown Square, PA 19073
Mark Dickson	Director	14 Campus Boulevard Newtown Square, PA 19073
Peter Monkhouse	Director	14 Campus Boulevard Newtown Square, PA 19073
Ricardo Triana	Director	14 Campus Boulevard Newtown Square, PA 19073
Steve DelGrosso	Director	14 Campus Boulevard Newtown Square, PA 19073
William Moylan	Director	14 Campus Boulevard Newtown Square, PA 19073
Zbigniew Traczyk	Director	14 Campus Boulevard Newtown Square, PA 19073

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 30, 2013

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DIVISION OF CORPORATIONS

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TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**PROJECT MANAGEMENT INSTITUTE, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol A. Riddle".

Secretary of the Commonwealth