

FL6000001913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

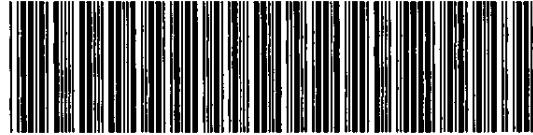
(Business Entity Name)

(Document Number)

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

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04/04/16--01029--002 \*\*10.00

FILED  
APR 25 AM 8:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

10/25/16

informa

RECEIVED  
2016 APR 25 PM 12:48  
TALLAHASSEE, FLORIDA

April 19, 2016

**VIA CERTIFIED MAIL**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: DIONNE M SCOTT, REGULATORY SPECIALIST II

FILED  
APR 25 AM 8:06  
TALLAHASSEE, FLORIDA

Re: Informa Life Sciences Exhibitions, Inc.  
Reference No.: W16000026236

Dear Ms. Scott:


This is to confirm our telephone conversation of today regarding your letter dated April 11, 2016 rejecting the enclosed filing for reasons that an authorized officer must sign the application and the signor's name and title must be noted beneath or opposite the signature.

Please be aware that the submission was erroneously rejected due to the fact that I am an authorized signer and I did list my name and title in Section 13 of the application which is located below my signature. The application contained an addendum listing me as additional officer. The application and addendum were returned to me, all stapled together.

I respectfully request that the enclosed should be refiled as soon as possible, listing the filing date as if the enclosed was never rejected.

If you have any issues regarding the contents of this letter, please contact me.

Regards,



Patricia Peter

Direct Telephone: 917-332-2185

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFORMA LIFE SCIENCES EXHIBITIONS, 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:

PATRICIA PETER

INFORMA	Name of Person
711 3RD AVENUE, 8TH FLOOR	Firm/Company
NEW YORK, NEW YORK 10017	Address
PATTY.PETER@INFORMAUSA.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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APR 25 AM 8:06  
SECRET  
FBI  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA PETER	917	332-2185
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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.*

INFORMA LIFE SCIENCES EXHIBITIONS, INC.

1. \_\_\_\_\_  
(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. DELAWARE 3. 46-3673009  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 16, 2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 101 PARAMOUNT DRIVE, SUITE 100, SARASOTA, FLORIDA 34232  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

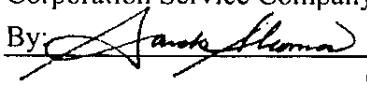
Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

9. **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)

Sarah Thomas- Assistant Secretary

10. 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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APR 25 AM 8:06  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: THOMAS C. ETTER

Address: 711 3RD AVENUE, 8TH FLOOR, NEW YORK, NEW YORK 10017

Director: MARC LEVINE

Address: 101 PARAMOUNT DRIVE, SUITE 100, SARASOTA, FLORIDA 34232

**B. OFFICERS** See attached addendum

President: MARC LEVINE

Address: 101 PARAMOUNT DRIVE, SUITE 100, SARASOTA, FLORIDA 34232

Vice President: THOMAS C. ETTER

Address: 711 3RD AVENUE, 8TH FLOOR, NEW YORK, NEW YORK 10017

Secretary: THOMAS C. ETTER

Address: 711 3RD AVENUE, 8TH FLOOR, NEW YORK, NEW YORK 10017

Treasurer: KEVIN DONAGHER

Address: ONE RESEARCH DRIVE, WESTBOROUGH, MASSACHUSETTS 01581

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

12. Patricia Peter  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. PATRICIA PETER, ASSISTANT SECRETARY  
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS**  
**Informa Life Sciences Exhibitions, Inc.**

11.B. Additional Names and Addresses of Officers

Name	Title	Address
Patricia Peter	Assistant Secretary	711 3rd Avenue, 8th Floor New York, New York 10017

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APR 25 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "INFORMA LIFE SCIENCES EXHIBITIONS,  
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 TENTH DAY OF MARCH,  
A.D. 2016.

FILED  
APR 25 AM 8:06  
SECRETARY OF STATE  
DELAWARE



5399692 8300

SR# 20161525708

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: 201961921

Date: 03-10-16