

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Cor					
CIID I	ECT.	Cam	elot US Acq	uisition 10	Со	
SUDJ	ECT:	Name	of corporat	ion - mus	t include suffix	
Dear S	Sir or Madam:					
"Certi		e," or "Certificate	e of Good S	Standing"	and check are sub	et Business in Florida," mitted to register the
Please	return all corresp	ondence concern	ing this ma	itter to the	e following:	
			Jonatha	n Schaefer		
			Name	of Person	1	
			Clarivate A	nalytics, A	Attn: Tax Dept.	
			Firm/C	Company		1,1,1,1
			1500 Sprin	ng Garden	Street, 4th Floor	
			A	ddress		
			Philadelp	hia, PA 19	130	
			City/Sta	te and Zip	code	
		Jon	athan.Schaei	fer@clariv	ate.com	
		E-mail addres	s: (to be us	ed for fut	ure annual report r	notification)
For fu	rther information	concerning this r	natter, plea	se call:		
	Jonathan Schaefe	er	215	;	823-1818	
	Name of Perso	n	at (Area (Code	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclo	sed is a check for	the following an	iount:			
■ \$7	0.00 Filing Fee	S78.75 Filin Certificate			.75 Filing Fee & tified 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.

(Enter name of c	corporation; must include "INCC Corp," "Inc," "Co," or "Corp.")	ORPORATED," "CO	MPANY,"	"CORPORATION,"	
(If name unavail	lable in Florida, enter alternate c	orporate name adopt	ed for the p	urpose of transacting bu	siness in Florida)
Delawan 2.	е	3		81-3823448	
	ry under the law of which it is in 9/8/2016			(FEI number, if applica	
	e of incorporation)		(Date	of duration, if other than	perpetual)
6.		10/3/2016			
·	(Date first transa (SEE SECTIONS 607	cted business in Flori .1501 & 607.1502, F			
7.	Attn: Tax Dept., 1500 Spr	ring Garden Street, 4	th Floor, Pl	niladelphia, PA 19130	248° 244° 244°
		(Principal off	ice address)	
		Same			
		(Current mailing add	ress, if diff	erent)	- 10 T
8. Name and stree	et address of Florida register	ed agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)	T. CORN
Name:	Corporation Service Compan	ny 			18
Office Address:	1201 Hays Street				
	Tallahassee		, Florida	32301	
	(City)			(Zip code)	

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.

Holly Jones
Assistant Vice President

(Registered agent's signature)

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.

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

A. DIKE	CIORS
Chairman:	
Address:	
_	
Vice Chair	man:
•	
Director:	Stephen Hartman
Address:	1500 Spring Garden Street, 4th Floor
-	Philadelphia, PA 19130
Director:	Kathleen Sullivan
Address:	1500 Spring Garden Street, 4th Floor
<u>-</u>	Philadelphia, PA 19130
B. OFFI	CERS
President:	Sanford Tassel
Address:	1500 Spring Garden Street, 4th Floor
	Philadelphia, PA 19130
Vice Presi	lent:
Secretary:	Martin Reeves
Address:	1500 Spring Garden Street, 4th Floor, Philadelphia, PA 19130
Treasurer:	
	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Forfule Signature of Director or Officer
12.	Signature of Director or Officer
The offic	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes
	gree felong as provided for in s.817.155, F.S.
13	Kathleen Sullivan, VP Tax
	(Typed or printed name and canacity of person signing application)

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAMELOT U.S. ACQUISITION 10 CO." 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 TWENTY-THIRD DAY OF MARCH,

A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMELOT U.S.

ACQUISITION 10 CO." WAS INCORPORATED ON THE EIGHTH DAY OF

SEPTEMBER, A.D. 2016.

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

Authentication: 202249320

Date: 03-23-17

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