F17000002219

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

10:	Division of Corpor				
SURI	ECT:	Camelot US Acqu	iisition 9	Со	
50.50		Name of corporati	on - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation f or "Certificate of Good S orporation to transact bus	tanding'	and check are sub	
Please	return all correspon	dence concerning this mat	ter to th	e following:	
		Jonathan	Schaefe	r	
		Name	of Perso	n	.
		Clarivate A	nalytics,	Attn: Tax Dept.	
			ompany		
		1500 Sprin	g Garden	Street, 4th Floor	
	· · · ·		dress		
		Philadelph	ia, PA 19	9130	
		City/State		•	
		Jonathan.Schaefe	-		
		E-mail address: (to be use	d for fu	ture annual report i	notification)
For fu	rther information co	ncerning this matter, pleas	e call:		
	Jonathan Schaefer	215 at ()	823-1818	
	Name of Person	Area C	ode	Daytime Telep	hone Number
	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle 2301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section proporations 7
Enclos	sed is a check for the	following amount:			
■ \$7	0.00 Filing Fee	1 \$78.75 Filing Fee & Certificate of Status		3.75 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.

l. (Enter name of c	Acquisition 9 Co Corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	, , , , , , , , , , , , , , , , , , ,
as "			
•	able in Florida, enter alternate corporate name	• •	g business in Florida)
Delawar 2.	3.	81-3815925	
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)
1 .	9/8/2016 5.		
	e of incorporation)	(Date of duration, if other	than perpetual)
	· · · · · · · · · · · · · · · · · · ·	2016	,
)	(Data first transport of brains at	M-14-15-1-1-1-1-1-1-1-1	
,		n Florida, if prior to registration) 502, F.S., to determine penalty liabili	tv)
	Attn: Tax Dept., 1500 Spring Garden Str		* *
	(D-in-ci)	ual affica addinan	
	· · · · · · · · · · · · · · · · · · ·	pal office address) Same	17/
	(Current maili	ng address, if different)	83 F
			iii en
 Name and <u>stre</u> 	et address of Florida registered agent: (P.o.	O. Box <u>NOT</u> acceptable)	
Noma	Corporation Service Company		10 to 10 to 1
Name:	1201 71 04		B
Office Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(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. DIRECTORS Chairman: Vice Chairman: Stephen Hartman Director: 1500 Spring Garden Street, 4th Floor Address: Philadelphia, PA 19130 Kathleen Sullivan Director: 1500 Spring Garden Street, 4th Floor Address: Philadelphia, PA 19130 **B. OFFICERS** Sanford Tassel President: 1500 Spring Garden Street, 4th Floor Address: Philadelphia, PA 19130 Vice President: Martin Reeves Secretary: 1500 Spring Garden Street, 4th Floor, Philadelphia, PA 19130 Address: _ Treasurer: ___ Address: _____

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAMELOT U.S. ACQUISITION 9 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 9 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: 202249297

Date: 03-23-17

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