

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Busiliess Elluty Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corp						
SUBJ	ECT.	Can	nelot US Acqui	sition 6 (Co		
SODS	EC1.	Name	of corporation	n - mus	t include suffix	<u> </u>	
Dear S	Sir or Madam:						
"Certi	nclosed "Application ficate of Existence, referenced foreign	" or "Certifica"	te of Good Sta	ınding"	and check are sub		
Please	return all correspo	ndence concer	ning this matte	er to the	following:		
			Jonathan S	Schaefer			
			Name of	f Persor	1		
			Clarivate Ana	alytics, A	Attn: Tax Dept.		
			Firm/Co	mpany			
			1500 Spring	Garden	Street, 4th Floor		MAY 15
			Add	ress		·	<u></u>
			Philadelphia	ı, PA 19	130		PM 3: 23
			City/State	and Zip	code		 မှ
		Jor	athan.Schaefer	@clariv	ate.com		123
		E-mail addre	ss: (to be used	for fut	ure annual report i	notification)	
For fu	rther information c	oncerning this	matter, please	call:			
	Jonathan Schaefer		215 at ()	823-1818		
	Name of Person		Area Co	de	Daytime Telep	hone Number	,
	STREET/COUL Registration Sec Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	tion orations Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclos	sed is a check for the	he following ar	nount:				
= \$7	0.00 Filing Fee	□ \$78.75 Fili Certificate			.75 Filing Fee & ified Copy	\$87.50 Filin Certificate of	of Status &

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 o	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
(If name unavail	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)			
Delawar	re a	81-3715173			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
	8/20/2016				
·	e of incorporation) 5.	(Date of duration, if other than perpetual)			
(Dat	10/3/201				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502				
	Attn: Tax Dept., 1500 Spring Garden Street, 4th Floor, Philadelphia, PA 19130				
	(Principal	office address)			
	Sar	ne			
14.14.	(Current mailing a	address, if different)			
. Name and stre	cet address of Florida registered agent: (P.O. l Corporation Service Company	Box NOT acceptable)			
Office Address:	1201 Hays Street	_			
	Tallahassee	, 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: Address: __ 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: Address: ___ 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

Kathleen Sullivan, VP Tax

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMELOT U.S. ACQUISITION 6 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 6 CO." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016.

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

Authentication: 202249360

Date: 03-23-17

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