

F18000003716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

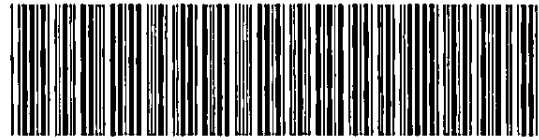
(Document Number)

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Special Instructions to Filing Officer:

PBA W18-68824

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18 AUG 10 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS

AUG 1 : 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

AUG 06 2013

HALLAM 103

July 28, 2018

ANETTE DELPHIA
38 EASTWOOD DR, STE 200
SPUTH BURLINGTON, VT 05403

SUBJECT: HALLAM ASSOCIATES, INC.
Ref. Number: W18000068824

We have received your document for HALLAM ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00015542



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2018 AUG 10 AM 10:15

Division of Corporations
Tallahassee, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hallam Associates, 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:

Annette Delphia
Name of Person
Hallam Associates, Inc
Firm/Company
38 Eastwood Drive, Suite 200
Address
South Burlington VT 05403
City/State and Zip code
adelphia@hallam-ics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Delphia at (802) 658-4891
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.*

1. Hallam Associates, Inc.
(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. New Hampshire 3. 03-0297752
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/21/1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 9/1/18
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 38 Eastwood Drive, Suite 200 South Burlington, VT 05403
(Principal office address)

38 Eastwood Drive, Suite 200 South Burlington, VT 05403
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
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.

Celene Humes

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Attached

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.

12. *Keith P. Flaherty*

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. Keith P. Flaherty, CEO

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

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18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Board Members

Officers

Name	Jeffrey N Silcox	Jeffrey N Silcox
Title	Chairman	Vice President
Street	575 West Street, Suite 220	575 West Street, Suite 220
City/State/Zip	Mansfield, MA 02048	Mansfield, MA 02048

Name	Keith P Flaherty	Keith P Flaherty
Title	Director	President
Street	38 Eastwood Dr Ste 200	39 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403	S Burlington, VT 05404

Name	William E Neuburger	William E Neuburger
Title	Director	Vice President/Secretary
Street	38 Eastwood Dr Ste 200	39 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403	S Burlington, VT 05404

Name	Brenda S Matthews	Brenda S Matthews
Title	Director	Vice President/Treasurer
Street	38 Eastwood Dr Ste 200	39 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403	S Burlington, VT 05404

Name	Peter T Niarchos	Peter T Niarchos
Title	Director	Vice President
Street	38 Eastwood Dr Ste 200	39 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403	S Burlington, VT 05404

Name	Scott M King	Scott M King
Title	Director	Vice President
Street	3801 Lake Boone Trail, Suite 100	3802 Lake Boone Trail, Suite 100
City/State/Zip	Raleigh NC 27607	Raleigh NC 27608

Name	Michael Powers
Title	Board Member
Street	38 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403

Name	Jamison Spalding
Title	Board Member
Street	363 Main Street, Suite 303
City/State/Zip	Middleton, CT 06457

Name	Donald W Roberts
Title	Board Member
Street	38 Eastwood Dr Ste 200
City/State/Zip	S Burlington, VT 05403

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New Hampshire

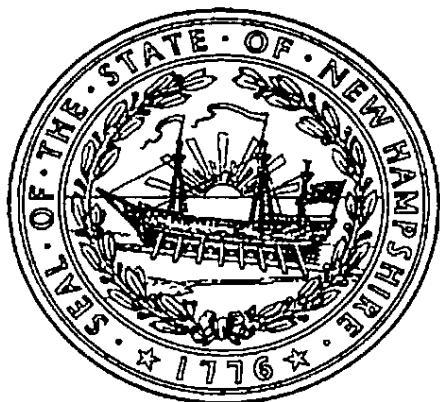
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HALLAM ASSOCIATES, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 21, 1995. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 229355

Certificate Number: 0004131621



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of July A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State