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## **COVER LETTER**

Divis	ion of Corporations				
SUBJECT:	Reader's Digest Consumer S	Services, Inc.			
	Name	of corporation	- must include suffix		<del></del>
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stan	ding" and check are sub		ı,"
Please return	all correspondence concerr	ning this matter	to the following:		
Beth Clerc				3.4	ა ე
		Name of I	Person		= K "
Trusted Media	Brands, Inc.				K
		Firm/Com	pany	<u> </u>	ř.
6 Trinka Lane				173	ອ ີ່ 1≰
*****		Addre	ess	1507 1507	<del>''</del> ''
Hopewell June	tion, NY 12533			<u> </u>	<del>-</del> 53
		City/State ar	nd Zip code		<del></del>
beth.clere@tru	stedmediabrands.com				
	E-mail addres	ss: (to be used f	or future annual report r	notification)	
For further in	formation concerning this	matter, please c	all:		
Beth Clerc		at (	622-8753		
Nam	e of Person	Area Code	Daytime Telep	hone Number	
Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
	check for the following an eck payable to: FLORIDA I ing Fee	DEPARTMENT ng Fee &	OF STATE  3 \$78.75 Filing Fee & Certified Copy	S87.50 Filing F	
				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.

(If name unavail	able in Florida, enter alternate corporate name ad	•		
Delaware 3.		(FEI number, if applicable)		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
June 12, 2003	5			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
February 5, 202			20	
44 South Broad	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 way, White Plains, NY 10601		JOHNY 26	
	·	street address)		
	(Thicipal office	sireet address)	70 L	
	(Current mailing	address, if different)	G 13 13	
	-			
			<b>32</b>	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
	et address of Florida registered agent: (P.O. NRAI Services, Inc.	Box NOT acceptable)		
Name:		Box <u>NOT</u> acceptable)		
Name:	NRAI Services, Inc.  1200 South Pine Island Road	unca 4		
Name:	NRAI Services, Inc.  1200 South Pine Island Road	Box NOT acceptable)		
Name: ffice Address:  Registered agaving been nan signated in this rther agree to call am familian	NRAI Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posit	. Florida 33324 (Zip code)  of process for the above stated cont as registered agent and agree ative to the proper and complete phion as registered agent.	to act in this capac	
Name: fice Address:  Registered agaving been nansignated in this ther agree to conditional distributions.	NRAI Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posit	. Florida 33324 (Zip code)  of process for the above stated cont as registered agent and agree ative to the proper and complete p	to act in this capaci	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A. DIRECTORS Name: Mark A Sirota Name: Dean Durbin\_\_\_\_\_ □ Chairman □ Chairman □ Vice Chairman Address: 44 South Broadway □Vice Chairman Address: 44 South Broadway X Director White Plains, NY 10601 Director White Plains, NY 10601 □ President ☐ President ☐ Vice President □ Vice President\_ □ Secretary □Treasurer □ Secretary □Treasurer ☐ Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other \_\_\_\_ Chairman □ Chairman Name: Name: ☐ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □ President □Vice President □ Vice President\_\_\_\_ Treasurer [ ☐ Secretary ☐ Treasurer □ Secretary □Other\_\_\_\_\_ ☐ Other\_\_\_\_\_ □Other\_ Name: \_\_\_\_\_\_ ☐ Chairman ☐ Chairman Name: □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director ☐ President □President ☐ Vice President □ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer

<u>Important Notice</u>: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□Other\_\_\_\_

Other\_\_\_\_

□Other\_\_\_\_\_

12 mill

☐ Other\_\_\_\_\_

## 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. Mark A. Sirota - Director



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

DELAWARE, DO HEREBY CERTIFY "READER'S DIGEST CONSUMER SERVICES,

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 FOURTEENTH DAY OF

MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "READER'S DIGEST.

CONSUMER SERVICES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF,

JUNE, A.D. 2003.

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

Authentication: 202934546

Date: 05-14-20