# F2000005044

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200354442882

11/05/20--01015--003 \*\*78.75

223K 1-5 PH 5:01



## **COVER LETTER**

	tion Section of Corporations			
SUBJECT:	Loyalty, Inc.			
	Name o	f corporation - r	nust include suffix	
Dear Sir or Mada	ım:			
"Certificate of E		of Good Standir	thorization to Transact Business in ng" and check are submitted to reg in Florida.	
Please return all	correspondence concernin	ng this matter to	the following:	
Trisha Hoffman				
		Name of Per	rson	
exLoyalty				
		Firm/Compa	ny	<del></del> _
6 High Ridge Parl	<b>'</b>			
Address Stamford, CT 06905				2070 1011
	· ·	City/State and	Zip code	
thoffman@exloya	lty.com			S.
	E-mail address:	(to be used for	future annual report notification)	<del> </del>
For further infor	mation concerning this ma	itter, please call	:	<u>ज</u>
Trisha Hoffman	:	203	424-7670	
Name o	f Person	Area Code	Daytime Telephone Number	r
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck for the following amore payable to: FLORIDA DE Fee S78.75 Filing Certificate of	PARTMENT O	78.75 Filing Fee & S87.50 Certified Copy Certifi	Filing Fee. cate of Status & ed Copy

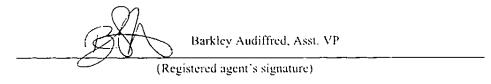
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. exLoyalty, Inc.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	ousiness in Florida	
Delaware 3.		06-1623335		
2. Delaware  (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 6/28/2001	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2. F.S., to determine penalty liability)		
7 6 High Ridge Par	k, Stamford, CT 06905			
/·		: street address)		
<del></del>	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	01: 	
Name:	Corporation Service Company		<u>તા</u> સ	
Office Address:	1201 Hays Street			
	Tallahassee	, Florida		
	(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.



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.

### locuSign Envelope ID: 06A17070-F130-43BD-AFFA-8A8750FE35D0

A. DIRECTORS	$(\mathbf{r}_{i},$					
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	6 High Ridge Park Address:	□Vice Chairman	Address: 6 High Ridge Park			
Director	Stamford, CT 06905	■Director	Stamford, CT 06905			
■ President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	CFO Other	Other			
□Chairman	Brian Fisher	□Chairman	Name: Fredrick Robertson			
□Vice Chairman	6 High Ridge Park	□Vice Chairman	6 High Ridge Park			
Director	Stamford, CT 06905	□Director	Stamford, CT 06905			
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	<b>■</b> Treasurer			
Other		Other	□Other			
			Name:			
□ Chairman	Name:	□Chairman	Name: F			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	<u>P</u>			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
Other	□Other	□Other	Other			
Important Notice: 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.						
12. Fnd Pob						
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.						

Fredrick Robertson





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CXLOYALTY, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2020.

You may verify this certificate online at corp.delaware.gov/authver.shtml

3409335 8300

SR# 20208068525

Authentication: 203962186

Date: 10-28-20