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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: ALTEN TECHNOLOGY USA 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:

CHARLES W. BEST, III			
	Name of	f Person	
BEST LAW OFFICES, P.C.			
	Firm/Con	mpany	
4500 MAIN ST., STE. 620			
	Addr	iress	
VIRGINIA BEACH, VA 23462			
	City/State a	and Zip code	
CWBEST@BESTLEX.COM			
E-mail addre	ss: (to be used	for future annual report notification)	
For further information concerning this	matter, please o	call:	
CHARLES W. BEST, III	_ at (	624-1800	
Name of Person	Area Cod	de Daytime Telephone Number	
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ar Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fil Certificate	DEPARTMENT	T OF STATE \$78.75 Filing Fee & \$87.50 Filing F Certified Copy Certificate of S Certified Copy	tatus &

### 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.

ALTEN TECHNOLOGY USA INC. L

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp." "Inc," "Co," or "Corp.")

Delaware		3 90-1006038		
Delaware       3.       90-1006038         (State or country under the law of which it is incorporated)       (FEI number, if applicable)				
7-15-2013				
(Date	5. of incorporation)	(Date of duration, if other than perpetual)		
		······································		
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
3221 W. Big Bea	ever Rd., Suite 116, Troy, Michigan 48084			
	(Principal of)	fice <u>street</u> address)		
			·	2
	(Current maili	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)		1 100
Name:	CT Corporation System		· · · ·	G
fice Address:	1200 South Pine Island Road		· · · · · · · ·	AM S
	Plantation	, Florida		9 35
	(City)	(Zip code)		വ

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.

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

# . · · . ·

A.	DIRECTORS
----	-----------

⊡Chairman	Name:	□Chairman	Arnaud Flandé Name:
□Vice Chairman	40 Avenue Andre Morizet	□Vice Chairman	40 Avenue Andre Morízet
Director	92100 Boulogne-Billancourt, France	Director	92100 Boulogne-Billancourt, France
President		DPresident	
□Vice President	<u>_</u>	□Vice President	
	Treasurer	Secretary	□Treasurer
□Other	Other	DOther	Other
□Chairman	Bruno Benoliel	🗆 Chairman	Brian Wyatt Name:
□Vice Chairman	40 Avenue Andre Morizet	□Vice Chairman	Address: 3221 W Big Beaver Rd., Ste 116
Director	92100 Boulogne-Billancourt, France	Director	Troy .Michigan 48084
President		□President	
□Vice President		Vice President	
Secretary	Treasurer		Treasurer
□0ther	Other	DOther	Other
□Chairman	Name:	□ Chaîrman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
DPresident		□President	
□Vice President	<u> </u>	□Vice President	<u> </u>
	□ 'Freasurer		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.

Mut 12. 4

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.

Brian Wyatt 13.

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



### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTEN TECHNOLOGY USA 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 FOURTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTEN TECHNOLOGY USA INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JULY, A.D. 2013.



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SR# 20213413895

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

Authentication: 204320732 Date: 10-04-21

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