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ALLAHASSEE FLORIS.

2022 JAN 18 AH 9:0:

S. ROBERTS

JAN 1 8 2022

COVER LETTER

	ion of Corporations					
SUBJECT:	Clarivate IP (US) Holdings C	Corporation				
-	Name	Name of corporation - must include suffix				
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Co f Existence." or "Certificate ced foreign corporation to to	of Good Stan	ding" and check are sub-			
Please return	all correspondence concerni	ng this matter	to the following:			
Martin Reeves						
		Name of I	Person	·		
Clarivate Anal	ytics					
		Firm/Com	pany			
70 St. Mary A:	ce, London EC3A 8BE					
		Addre	ess	<u> </u>		
		City/State ar	nd Zîp code			
martin.reeves@	Oclarivate.com					
	E-mail address	: (to be used f	or future annual report n	otification)		
For further inf	ormation concerning this m	atter, please c	all:			
Martin Reeves		÷44	(0)7880 279002			
Name	e of Person	Area Code	Daytime Teleph	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
	check for the following amo eck payable to: FLORIDA DI ng Fee	EPARTMENT g Fee &	OF STATE \$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.

(If name unava	ilable in Florida, enter alternate corpor	ate name adopted for the purpose of transacti	ing business in Florida)
Delaware		3	
(State or coun	try under the law of which it is incorpo	orated) (FEI number, if a	pplicable)
27 July 2020		5.	
(Da	te of incorporation)	5. (Date of duration, if other than perpetual)	
. – 1 January 2021 5.			
	(SEE SECTIONS 607.1501	ousiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabil	lity)
3133 W Frye Ro	oad, Suite 401, Chandler, AZ 85226		
· ·		ncipal office street address)	
	(Curr	ent mailing address. if different)	2 022
	(Curr	ent mailing address. if different)	2022 JA
3. Name and stre	(Curre	•	
		•	-
Name:	eet address of Florida registered age Corporation Service Company	•	-
	Corporation Service Company 1201 Hays Street	•	18 AM 9:
Name:	Corporation Service Company 1201 Hays Street	ent: (P.O. Box <u>NOT</u> acceptable)	-
Name:	Corporation Service Company 1201 Hays Street	•	18 AM 9:
Name: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	ent: (P.O. Box <u>NOT</u> acceptable), Florida 32301	18 AM 9:
Name: Office Address: O. Registered ap	Corporation Service Company 1201 Hays Street Tallahassee (City)	ent: (P.O. Box <u>NOT</u> acceptable) Florida 32301 (Zip code)	18 AM 9: 07
Name: Office Address: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the	ent: (P.O. Box <u>NOT</u> acceptable) , Florida \frac{32301}{(Zip code)} ept service of process for the above state appointment as registered agent and agr	ed corporation at the place to act in this capacity
Name: Office Address: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept accept the accept with the provisions of all services.	ent: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) ept service of process for the above state appointment as registered agent and agritatutes relative to the proper and comple	ed corporation at the place to act in this capacity
Name: Office Address: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the	ent: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) ept service of process for the above state appointment as registered agent and agritatutes relative to the proper and comple	ed corporation at the place to act in this capacity
Name: Office Address: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept accept the accept with the provisions of all services.	ent: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) ept service of process for the above state appointment as registered agent and agritatutes relative to the proper and comple	ed corporation at the place to act in this capacity

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.

A. DIRECTORS						
□ Chairman	Name: Richard Hanks	□ Chairman	Name: Julio Martin			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	1500 Spring Garden Street, Philadelphia,	Director	1500 Spring Garden Street, Philadelphia,			
President	Pennsytvania, 19130, USA	□President	Pennsylvania, 19130, USA			
□Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	Other	Other Officer	Other			
□Chairman	Name: Kathleen Sullivan	□ Chairman	Name: Christie Archbold			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	3133 W Frye Road, Suite 401,	□Director	1500 Spring Garden Street, Philadelphia.			
□President	Chandler, AZ 85226	□President	Pennsylvania, 19130, USA			
■Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	☐ Treasurer			
□Other		□()ther	Other			
□Chairman	Name: Michael Camp	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	1500 Spring Garden Street, Philadelphia	Director	1500 Spring Garden Street, Philadelphia,			
□President	Pennsylvania, 19130, USA	□President	Pennsylvania, 19130, USA			
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	☐Treasurer			
Officer Officer	Other	Officer Officer	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						
· · · · · · · · · · · · · · · · · · ·	Signature of Director					
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. Martin Reeves Secretary						
(Typed or printed name and capacity of person signing application)						

ATTACHMENT TO APPLICATION FOR AUTHORISATION TO TRANSACT BUSINESS IN FLORIDA

CLARIVATE IP (US) HOLDINGS CORPORATION

11. Directors and Officers (continued)

Officers:

Andrew Wright: 70 St. Mary Axe, London EC3A 8BE (VP, Treasury)

Martin Reeves: 70 St. Mary Axe, London EC3A 8BE (Secretary)



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

DELAWARE, DO HEREBY CERTIFY "CLARIVATE IP (US) HOLDINGS

CORPORATION" 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

THIRTEENTH DAY OF DECEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLARIVATE IP

(US) HOLDINGS CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH

DAY OF JULY, A.D. 2020.

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

Authentication: 204958933

Date: 12-13-21