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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

Glencoe Software, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
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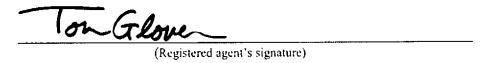
Help

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.

I. Glencoe S			
	orporation: must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
•	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flo	rida)
_{2.} Washingt	on 3.		
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 11/17/200)5		
	of incorporation)	(Date of duration, if other than perpetual)	
6.			
o	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	202
7 7901 4th St N STE 300 St. Petersburg FL 33702			2024 E)
··-	(Principal office s		*
7901 4th S	St N STE 300 St. Petersburg Fl	_ 33702	9
	(Current mailing a	ldress, if different)	· · · · · · · · · · · · · · · · · · ·
			E110: 39
8. Name and stree	t address of Florida registered agent: (P.O. B	ox NOT acceptable)	ابر) ک
Name:	Northwest Registered Agent LLC		
Office Address:	7901 4th St N STE 300	_	
	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	
9. Registered ago	ent'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.

A. DIRECTORS			
□Chairman	Name: Jason Swedlow	□Chairman	Name: Gaudenz Danuser
□Vice Chairman	Address: 800 5th Avenue, #101-259	□Vice Chairman	Address: 800 5th Avenue, #101-259
X Director	Seattle WA 98104	X Director	Seattle WA 98104
□President		□President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	X Secretary	□Treasurer
□Other	□Other	□Other	Other
□Chairman	Name: Peter Sorger	□Chairman	Name: David Allan
□Vice Chairman	Address: 800 5th Avenue, #101-259	□Vice Chairman	Address: 800 5th Avenue, #101-259
X Director	Seattle WA 98104	X Director	Seattle WA 98104
□President		□President	
□Vice President		□Vice President	
□Secretary	[]Treasurer	Secretary	□Treasurer 22
Other	□Other	□Other	
			-9
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	☐Treasurer	□Secretary	☐Treasurer
□Other	□Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The auteraded to the index when filing your Florida Department of Director	ent of State Annual Re	d for reporting purposes only. Non-indexed eport form.
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depar	er 11 above) affirms the timent of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in
13.	Jason R Swedlow Direc	tor	





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

GLENCOE SOFTWARE, INC.

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/17/2005.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/04/2022 UBI Number: 602 558 717

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Atu R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 08/04/2022

