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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: Bryce_Pittman@reyrey.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
MOTILITY SOFTWARE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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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. Motility Software Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/28/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 851 Trafalgar Ct #160w, Maitland, FL 32751
(Principal office street address)
Attn: Legal Department, 6700 Hollister St, Houston, TX 77040
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C T Corporation System

By: Sean L. Emerick

Asst. Secretary (Registered agent'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, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 2023
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 DEPT. OF STATE

A. DIRECTORS

☒ Chairman Name: N. Thomas Barras
☐ Vice Chairman Address: 6700 Hollister St
Houston, TX 77040
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: James F. Jackson Jr.
☐ Vice Chairman Address: 6700 Hollister St
Houston, TX 77040
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christopher Walsh
☐ Vice Chairman Address: One Reynolds Way
Kettering, OH 45430
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____


☐ Chairman Name: Robert D. Burnett
☐ Vice Chairman Address: 6700 Hollister St
Houston, TX 77040
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Executive VP ☐ Other _____

☐ Chairman Name: William T. Daughters II
☐ Vice Chairman Address: 6700 Hollister St
Houston, TX 77040
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other EVP/COO ☐ Other _____

☐ Chairman Name: Sheri Robinson
☐ Vice Chairman Address: 6700 Hollister St
Houston, TX 77040
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other EVP/CFO ☐ 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 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. Sheri Robinson, Executive Vice President/CFO/Treasurer

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

Question 11 Attachment

Additional names in addition to what is already listed in the form:

Pain Lugo
6700 Hollister St
Houston, TX 77040
Vice President-Executive Chief of Staff/Secretary

Mark F. Bales
One Reynolds Way
Kettering, OH 45430
Vice President-Accounting/Assistant Secretary

Brad Rogers
851 Trafalgar Ct #160w
Maitland, FL 32751
Vice President

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOTILITY SOFTWARE SOLUTIONS, 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 THIRTIETH DAY OF MARCH, A.D. 2023.

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

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



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SR# 20231217012

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203039533

Date: 03-30-23