

To:

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2023-04-19 07:18:25 CST

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From: David Thomas

4/19/23 8:57 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : C T 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: Cjenkins@absolute.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Absolute Software, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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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. Absolute Software, Inc.  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Washington 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/10/1998 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11401 CENTURY OAKS TERRACE, SUITE 430, AUSTIN, TX 78758-0005  
(Principal office street address)

(Current mailing address, if different)

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

|                 |                                    |    |              |
|-----------------|------------------------------------|----|--------------|
| Name:           | <u>C T Corporation System</u>      |    |              |
| Office Address: | <u>1200 South Pine Island Road</u> |    |              |
|                 | <u>Plantation</u>                  | FL | <u>33324</u> |
|                 | (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

Rachel O'Connor, Assist. Secretary

By: \_\_\_\_\_

(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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A. DIRECTORS

☐ Chairman Name: Christy Wyatt  
☐ Vice Chairman Address: 11401 CENTURY OAKS TERRACE  
☒ Director SUITE 430  
☐ President AUSTIN, TX 78758-0005  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other

☐ Chairman Name: James Lejeal  
☐ Vice Chairman Address: 11401 CENTURY OAKS TERRACE  
☒ Director SUITE 430  
☐ President AUSTIN, TX 78758-0005  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ Other

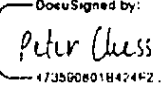
☐ Chairman Name: Peter Chess  
☐ Vice Chairman Address: 11401 Century Oaks Terrace  
☒ Director Suite 430  
☐ President Austin TX 78758-0005  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ 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 will not be included in the index when filing your Florida Department of State Annual Report form.

12.    
 4735906018424F2. \_\_\_\_\_  
 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. PETER CHESS, SECRETARY  
 \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

**The State of Washington**

**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

**ABSOLUTE SOFTWARE, INC.**

**I 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 09/10/1998.

**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: 04/17/2023

UBI Number: 601 900 430



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

*Steve R Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 04-17-2023