

F24/0000005836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

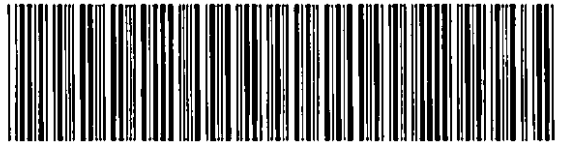
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTARY PUBLIC

K. SALY

NOV 13 2024

11/17

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/07/2024
Acc#I20160000072

W: C DW

Name:	ULSE, Inc.
Document #:	
Order #:	15956299

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 701.25





FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2024

CT

SUBJECT: ULSE INC.
Ref. Number: W24000124330

CORRECTED
Please Allow For
Same File Date

We have received your document for ULSE INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$622.50.

The total amount due is \$701.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 924A00024536

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. ULSE Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 30-1211139
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/24/2019 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. 1/1/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1603 Orrington Ave, Suite 2000, Evanston, IL 60201
(Principal office street address)

(Current mailing address, if different)

8. nonprofit standards development organization that publishes consensus safety standards
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. 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 Florida 33324
(City) (Zip Code)

10. 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 Stephanie Hencz Stephanie Hencz, Assistant Secretary
(Registered agent's signature)

11. 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

☐ Chairman Name: George Borlase
☐ Vice Chairman Address: 1603 Orrington Ave
☐ Director Suite 2000
☐ President Evanston, IL 60201
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Director ☐ Other: _____

☐ Chairman Name: Vishal Patel
☐ Vice Chairman Address: 1603 Orrington Ave
☐ Director Suite 2000
☐ President Evanston, IL 60201
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Senior Director, Treasury ☐ Other: _____

☐ Chairman Name: Ronaldo Borger
☐ Vice Chairman Address: 1603 Orrington Ave
☐ Director 1603 Orrington Ave
☐ President Evanston, IL 60201
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ron H. Blaustein
☐ Vice Chairman Address: 1603 Orrington Ave
☐ Director Suite 2000
☐ President Evanston, IL 60201
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CFO ☐ Other: _____

☐ Chairman Name: Michael Murray
☐ Vice Chairman Address: 1603 Orrington Ave
☐ Director Suite 2000
☐ President Evanston, IL 60201
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Assistant Secretary ☐ Other: _____

☐ Chairman Name: Timothy J. Rivelli
☐ Vice Chairman Address: _____
☐ Director 1603 Orrington Ave
☐ President Suite 2000
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. Michael Murray
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David Michael Murray, Vice President and Assistant Corporate Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULSE 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 FIFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

FILED
2024 NOV -7 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7443377 8300C

SR# 20244128153

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

Authentication: 204797358

Date: 11-05-24