

Document Number Only

F95000003870

95-000 10 1112 20

DIVISION OF CORPORATION

C T CORPORATION BYG121

Requester's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

7000001557437
-08/10/95--01014--024
*****70.00 *****70.00

Caribbean Data Service, Ltd. Corporation

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of N.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS/ G/B

☐ Call When Ready

☒ Walk In

☒ Mail Out

☐ Call If Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability
Document
Examiner
Updater
Ver. for
Acknowledgment
W.P. Verifier

3:00
8-10-95

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CN2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Caribbean Data Services, Ltd. Corporation

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 13-2886453

(FEI number, if applicable)

4. January 18, 1983

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.156, F.S.))

7. 4333 Amon Carter Blvd., MD 5675, Fort Worth, Texas 76155

(Current mailing address)

8. See attached purpose clause

(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:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

M.S. Green

(Registered agent's signature) (Officer)

M.S. GREEN, Asst. Secy

(Type Name and Title of Officer)

FILED
STATE
DIVISION OF CORPORATIONS
JAN 20 1983

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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert L. Crandall

Address: 4333 Amon Carter Blvd., MD 5675

Fort Worth, Texas 76155

Vice Chairman: _____

Address: _____

Director: Robert W. Baker

Address: 4333 Amon Carter Blvd., MD 5675

Fort Worth, Texas 76155

Director: Donald J. Carty

Address: 4333 Amon Carter Blvd., MD 5675

Fort Worth, Texas 76155

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Charles D. Marlett, Secretary _____
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 AUG 10 PM 2:12

Appendix to Florida
Application by [redacted] Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
Caribbean Data Services, Ltd.**

To engage in any lawful act or activity for which a corporation may be formed

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DIVISION OF CORPORATIONS
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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
Caribbean Data Services, Ltd.**

1. Robert L. Crandall, Chairman of the Board
4333 Amon Carter Blvd., MD 5675
Fort Worth, Texas 76155
2. Robert K. Gaines, President
4333 Amon Carter Blvd., MD 5675
Fort Worth, Texas 76155
3. Jeffery M. Jackson, Vice President/Treasurer
4333 Amon Carter Blvd., MD 5675
Fort Worth, Texas 76155
4. Charles D. MarLett, Corporate Secretary
4333 Amon Carter Blvd., MD 5675
Fort Worth, Texas 76155

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 AUG 10 AM 2:12

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARIBBEAN DATA SERVICES, LTD." 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 THIRD DAY OF AUGUST, A.D. 1995.

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.

FILED
SECRETARY OF STATE
DIVISION
05 AUG 10 PM 2:12



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2001318 8300

950175161

AUTHENTICATION:

7596014

DATE:

08-03-95

F95000003870

Requestor's Name

Address

City	State	Zip	Phone
------	-------	-----	-------

300002043858--4
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****35,00 ****35,00

Caribbean Data Services, Ltd.

~~X~~ Dissolution/Withdrawal

() Other ucc Filing
() Change of R.A.
() Fic. Name

()'CUS

() After 4:30
 ■ Pick Up

Name	11/3/96
Availability	
Document Examiner	DDH
Updater	DDH
Verifier	DDH
Acknowledgment	DDH
W.P. Verifier	DDH

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CA2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CARIBBEAN DATA SERVICES, LTD. CORPORATION

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

FILED
JAN - 2
1996
STATE
OF
FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

Attn: Corporate Secretary

(Mailing Address)

c/o Legal Dept., MD5675

4333 Amon Carter Blvd., Fort Worth, TX 76155

(City - State - Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

12/30/96

Date

Charles D. MarLett

Typed or printed name

Corporate Secretary

Title

F95 OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND 000003870

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Charles D Moxley EIN or SS#: 181468856

Address: PO Box 619616 MD 5675

DFW Tx 75261-9616

Amount: \$165.00 Date Paid _____

Reason for claim: Corp withdraw no AIR required - F95000003870

6/7 5/19/97

Certified true and correct this 27 day of MAY, 19 97.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund <u>\$165.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>967401003</u> dated <u>05-03-90</u>	
Name of Account <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
	(Authorized Signature and Title)