

F9600000530

1201 HAYS STREET
TALLAHASSEE, FL 32301



ACCOUNT NO. : 072100000032
REFERENCE : 824246 4339910
AUTHORIZATION :
COST LIMIT : \$ 70.00

Patricia P. Pitt

ORDER DATE : January 30, 1996
ORDER TIME : 11:46 AM
ORDER NO. : 824246
CUSTOMER NO: 4339910
CUSTOMER: Miriam R. Karlin, Legal Asst
Idg
5 Speen Street
Framingham, MA 017019192

RECEIVED
96 JAN 31 PM 2:15
DIVISION OF CORPORATION

[Signature]

FOREIGN FILINGS

NAME: INTERNATIONAL DATA CORPORATION

4000001703064

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY
- ☒ PLAIN STAMPED COPY
- ☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: INTERNATIONAL DATA CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MIRIAM R. KARLIN, MANAGER, LEGAL AFFAIRS
(Name of Person)

INTERNATIONAL DATA GROUP, INC.
(Firm/Company)

5 SPEEN STREET
(Address)

FRAMINGHAM, MA 01701
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

MIRIAM R. KARLIN
(Name of Person)

at (508) 935-4686
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. INTERNATIONAL DATA 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. MASSACHUSETTS
(State or country under the law of which it is incorporated)
3. 04-2324970
(FBI number, if applicable)
4. 2/26/64
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 1/15/96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 5 SPEEN STREET
FRAMINGHAM, MA 01701
(Current mailing address)
8. CONSULTING, RESEARCH AND SALES
(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 or Mail Drop Box NOT acceptable)**
Name: The Prentice-Hall Corporation System, Inc.
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(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.

By: The Prentice-Hall Corporation System, Inc.
ROBERT PORCELLI, Asst. Secy
(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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TALLAHASSEE
FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: N/A

Address: N/A

Vice Chairman: N/A

Address: _____

Director: WILLIAM P. MURPHY

Address: 106 OLD ORCHARD ROAD

CHESTNUT HILL, MA 02167

Director: PATRICK J. MCGOVERN

Address: 4 MAPLE KNOLL

HOLLIS, NH 03049

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: KIRK S. CAMPBELL

Address: 38 TODD POND ROAD

LINCOLN, MA 01773

Vice President: WILLIAM P. MURPHY

Address: 106 OLD ORCHARD ROAD

CHESTNUT HILL, MA 02167

Secretary: MIRIAM R. KARLIN

Address: 53 ELLIS DRIVE

WORCESTER, MA 01609

Treasurer: WILLIAM P. MURPHY

Address: 106 OLD ORCHARD ROAD, CHESTNUT HILL, MA 02167

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. Miriam R. Karlin, Clerk
(Typed or printed name and capacity of person signing application)

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