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TO: Qualification/Tax Lien Section Division of Corporations

100002928761--1 -07/12/99--01104--001 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: \_\_\_\_\_\_\_ Inc.

(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:

Linda Durning	199-3679
(Name of Person)	Name
Law Offices of Lance J.M. Steinhart	Avalability
(Firm/Company)	
6455 E. Johns Crossing, Suite 285	
(Address)	nyinta D
Duluth, Georgia 30097	V rnydr
(City/State/Zip)	W. P. Nexiller

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

Linda Durning at (770

(Name of Person) (Area Code &

at (770 ) 232-9200 (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.	Calimanage, inc.	
	(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 3.	
	(State or country under the law of which it is incorporated)  (FEI number, if applicable)	
4.	April 2, 1996 5. Perpetual	
	(Date of Incorporation)  (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 817.155, F.S.)		
7.	460 Summer Street, 3rd FL	
	460 Summer Street, 3rd FL, Stanford, CT 06901  (Current mailing address)	
8	to provide telecommunications services	
_	(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 Not acceptable)	
	Name: Richard A. Murdoch, Esq.	
	Office Address: 980 N. Federal Hwy, Ste 410	
	Boca Raton , Florida , 33432 (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	
ττ <sub>~</sub>	wing hear remed as veristaned agent and to accent service of process for the above stated	

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.

(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.

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: \_ Address: \_\_\_\_ Vice Chairman: Address: \_\_ PLEASE SEE ATTACHED LIST. Director: \_ Address: \_\_\_ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Joseph Cline Address: 460 Summer Street, 3rd FL Stanford, CT 06901 Vice President: Address: (PLEASE SEE ATTACHED LIST Secretary: \_ Address: \_\_\_\_\_ Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Joseph Cline, President

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

# CALLMANAGE, INC. (CallManage)

460 Summer Street
3rd Floor
Stanford, CT 06901
203-351-0880 (Phone)
203-351-0885 (Fax)
800-458-2682 (Customer Service)

## Officers:

Gideon Barak Chairman

Joseph Cline CEO/President

Itsik Onfus CFO

Yair Shoham Secretary

Joanna Valentini Asst. Secretary

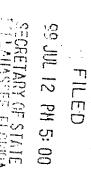
Officers may be contacted at the above address for CallManage, Inc.

### **Directors**:

Gideon Barak Isaac Wulkan Yair Shoham Ron Ponder

All Directors may be contacted at the above address except for Mr. Ponder who may be contacted at the following address:

12 Derecg Hasgaribm Mercaz Sharibam Jfar Saba 44269 Israel



# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CALLMANAGE 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 TWENTY NINTH DAY OF JUNE,



Edward J. Freel, Secretary of State

9837095

AUTHENTICATION:

06-29-99

991265031

2609009 8300

DATE: