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**EXAMINER** 





ACCOUNT NO. : 072100000032

REFERENCE : A14049

7210849

AUTHORIZATION :

,21001.

COST LIMIT, : \$ 125.00

ORDER DATE: January 23, 2008

ORDER TIME : 4:42 PM

ORDER NO. : 414049-020

CUSTOMER NO: 7210849

#### FOREIGN FILINGS

NAME: PROQUEST LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: \_\_\_\_

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE	TEOF FLORIDA:
ProQuest LLC	
(Name of Foreign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC.")
PQIL LLC	
(If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	
2. DE 3. 3	9-2053855
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 12/08/2006 5. P	erpetual
(Date of Organization) (	Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing	LEG TE T
(Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to de	if prior to registration.)
7. 7200 Wisconsin Ave, Suite 601, Bethesda, MD	20814
	TOF G
(Street Address of Pri	incipal Office)
	6m
<ol><li>If limited liability company is a manager-managed com</li></ol>	pany, check here 🛛
9. The name and usual business addresses of the managing	g members or managers are as follows:
Cambridge Information Group, Inc.	
7200 Wisconsin Ave, Suite 601, Bethesda, MD	20814
10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator must be submitted.	ot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or pro-	moted in Florida:
Information Services	
Bousi June Tra	wi-
Signature of a member or an authori	zed representative of a member.
(In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury that	e execution of this document constitutes at the facts stated herein are true.)
Larisa Avner Trainor	

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ويتي والمرية

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I£	ole, the alternate name to be used in the state of Florida is:		
ii name unavallat	me, the alternate name to be used in the state of Florida is.		
PQIL LLC			
2. The name and	the Florida street address of the registered agent and office are:		
(	Corporation Service Company		
_	, (Name)		
1	201 Hays Street		
<u>1</u>	201 Hays Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)		
_			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

BY: Sue G. Knight

as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify t	hat we are the Managers and/or Managing
Members of ProQuest LLC	
(Name of Li	mited Liability Company)
a limited liability company duly organiz	ed and existing under the laws of
DE	
(State or Country of Organization)	· · · · ·
Because the name of this foreign limited	I liability company does not satisfy the
requirements of the s. 608.406, F.S., the	limited liability company hereby adopts the
·	
following name to transact business in the	ne state of Florida:
PQIL LLC (Name to be used by limited liability company in Flor	ide NOTE News must and with I instead I inhility
Company, L.L.C., or LLC.)	nda. NOTE: Name must end with Limited Linding
Date: 2-11-08	
Signature(s) of Manager(s) and/or Mana	aina Member(s)
orginature(b) or manager(a) and/or mana	Bing Montosito).
Larisa Avner Trainor	Shi ha Ou Ton
Edition Transcr	Hasin Gen Trais
	- 1,000 - 1 - 1,11 000 - 1,000 - 1,000

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROQUEST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROQUEST LLC"
WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2006.

4264702 8300

080074649

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6331153

DATE: 01-23-08

Varuet Smith Hindren

You may verify this certificate onlin