

**MIS000006109**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAC000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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15 AUG -5 AM 11:27  
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**Foreign Limited Liability Company  
Signature Information Solutions LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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AUG 06 2015  
D. BRUCE

8/5/2015 10:47:45 AM From: To: 8506176383( 2/6 )

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signature Information Solutions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

RENEE SIMONTON

Name of Person

REED ELSEVIER

Firm/Company

1105 NORTH MARKET ST., SUITE 501

Address

WILMINGTON, DE 19801

City/State and Zip Code

renee.simonton@relx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENEE SIMONTON

Name of Contact Person

at ( 302 )

Area Code

884 8311

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

**1. Signature Information Solutions LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability  
company is organized)

**3. 26-0448730**

(FEI number, if applicable)

**4.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 1000 Alderman Dr, Alpharetta, GA 30005**

(Street Address of Principal Office)

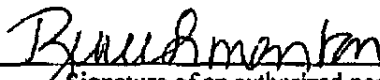
**6. 1105 North Market Street, Suite 501, Wilmington, DE 19801**

(Mailing Address)

**7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

**SEE ATTACHMENT**

**8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official  
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not  
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator  
must be submitted)**



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I  
am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

**Renee Simonton**

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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## Director and Officers Report - Work Address Signature Information Solutions LLC

### Company Name

1 Signature Information Solutions LLC

### Appointments

Name	Appointed as	Work address
Thomas Brown	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Larry Davidson	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Robert Kermas	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Eric Saida	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Richard Edward Trainor	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Richard Edward Trainor	President	1000 Alderman Drive, Alpharetta GA 30005, United States
Renee Paton Simonton	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter Francis Dangola	Vice President-Tax	313 Washington Street, Newton, MA, 02458, US
Meredith Levin Sidewater	Secretary	1000 Alderman Drive, Alpharetta GA 30005, United States
Kenneth Eugene Fogarty	Treasurer	313 Washington Street, Newton, MA, 02458, US

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Signature Information Solutions LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System  
(Name)  
1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)  
Plantation FL 33324  
City/State/Zip

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*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 605, Florida Statutes.*

C T Corporation System

By:

Connie Bryan  
(Signature)

Connie Bryan  
Assistant Secretary

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGNATURE INFORMATION SOLUTIONS 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 FIFTH DAY OF AUGUST, A.D. 2015.

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

4340175 8300

151134358

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2617055

DATE: 08-05-15