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Requestor's Name	,	
660 East Jefferson Street Address	<u> </u>	6000029437765
Tallahassee, FL 32301 ( City State Zip	(850)222-1092 Phone	-07/28/9901038002 ****285.00 ****285.00
CORPORATIO	N(S) NAME	
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RECEIVED TIME

MAR.19.

2:18PM

PRINT TIME MAR. 19. \_ 2:21PM.

## 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:

Name of foreign limited liability company" or their abbreviations "I	L.C." or "L.C." if no	rith the words "limited liability compot so contained in the name at presen	t)	
elaware	3.	Upplied for		
(Jurisdiction under the law of white company is organized)	ch foreign limited lie	ability (FEI number, if applic	cable)	
June 19, 1998		Perpetual		_
(Date of Organization		(Duration: Year limited liability concease to exist or "perpetual")	npany will	
Upon Qualification	I husiness in Florida	(See sections 608.501, 608.502 and	1 817.155, F.S.)	, s
(Date inst nansacted	1 Oddiness in 1 Iorida	(550 5000000000000000000000000000000000		
One Neumann Way, MD J-16	55			- <del>-</del>
	201			
4 - 6 1 5 /	1.5133			<b>-</b>
List name, title, and business will manage the foreign limit	(Street address of each med liability compa	ess of principal office)  anaging member [MGRM] or many in Florida: (attach additional	r page it necessa	who iry)
Yim many title and business	(Street address of each med liability compa	ansoing member [MGRM] or II	TITLE:	who ary)
List name, title, and business will manage the foreign limit	(Street address of each med liability compa	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:	TITLE:  Member Committee Re	ep.
List name, title, and business will manage the foreign limit.  NAME & ADDRESS:  William J. Vareschi	(Street address of each med liability compact TITLE:	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:	TITLE:  Member Committee Re	ep.
will manage the foreign limit	(Street address of each med liability compact TITLE:	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4)Mike Thomas	TTTLE:  Member Re Committee Re	ep.
List name, title, and business will manage the foreign limit NAME & ADDRESS:  William J. Vareschi Neumann Way, MD F-103 Cincinnati, OH 45215	(Street address of each med liability compact TITLE:	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4) Mike Thomas  2400 N.E. Palm Bay Road Palm Bay. Fl. 32905	Member Recommittee	ep.
List name, title, and business will manage the foreign limit NAME & ADDRESS:  William J. Vareschi Neumann Way, MD F-103 Cincinnati, OH 45215	(Street address of each med liability compartite:  Member Committee Rep.  Member Rep.	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4) Mike Thomas  2400 N.E. Palm Bay Road Palm Bay. Fl. 32905	Member Recommittee	
List name, title, and business will manage the foreign limit.  NAME & ADDRESS:  William J. Vareschi  Neumann Way, MD F-103  Cincinnati, OH 45215  Russell Sparks	(Street address of each med liability compartite:  Member Rep.  Member Rep.	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4) Mike Thomas  2400 N.E. Palm Bay Road Palm Bay. Fl. 32905  5) Doug Stark	Member Recommittee	
List name, title, and business will manage the foreign limit NAME & ADDRESS:  William J. Vareschi Neumann Way, MD F-103 Cincinnati, OH 45215 Russell Sparks  1 Neumann Way, MD G-12 Cincinnati, OH 45215	(Street address of each med liability compartite:  Member Committee Rep.  Member Rep.	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4) Mike Thomas  2400 N.E. Palm Bay Road Palm Bay. FL. 32905  5) Doug Stark  2400 N.E. Palm Bay Road	Member Recommittee	
List name, title, and business will manage the foreign limit  NAME & ADDRESS:  William J. Vareschi  Neumann Way, MD F-103  Cincinnati, OH 45215  Russell Sparks  1 Neumann Way, MD G-12  Cincinnati, OH 45215	Address of each med liability compared liability l	nanaging member [MGRM] or many in Florida: (attach additional NAME & ADDRESS:  4) Mike Thomas  2400 N.E. Palm Bay Road Palm Bay. FL. 32905  5) Doug Stark  2400 N.E. Palm Bay Road	Member Recommittee	

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of GE HARRIS A	VIATION
INFORMATION SOLUTIONS, LLC certifies:	
the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	<b>\$</b> 3,500,000
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$10,225,000,
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	<b>\$</b> 13,725,000 .
Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
Mark G. Whittenburg	
Typed or printed name of signee	FILED 9 JUL 28 PM LORE THREE LLAHASSEE, F

Filing Fee: \$250.00 for Application and Affidavit

#### Attachment A

Property Description:

\$10,225,000 between the members for:

Licensed and non licensed technology and Transferred assets/assumed liabilities

SECNETARY OF STATE

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

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.

1.	The name of the Limited Liability Company is:	-
	GE Harris Aviation Information Solutions, LLC	
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)	-
	TOMORSHOOT AUDIESS (F.O. BOX NATE ACCEPTABLE)	
	Plantation FL 33324 (City/State/Zip)	-
	(,,,	
iaoiti igent relatii	ng been named as registered agent and to accept service of process for the above stated limited ity company at the place designated in this certificate, I hereby accept the appointment as registere and agree to act in this capacity. I further agree to comply with the provisions of all statutes ing to the proper and complete performance of my duties, and I am familiar with and accept the attions of my position as registered agent.	ď
TO	Susan J. Metzo  Assistant Secretary  (Signature)	

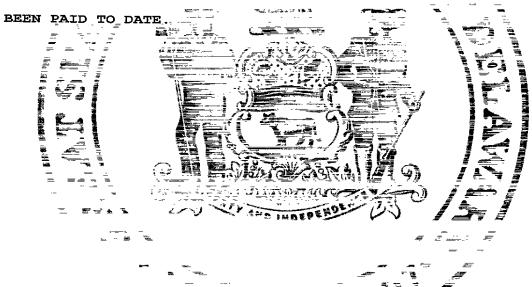
Filing Fee: \$35 for Designation of Registered Agent

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## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GE HARRIS AVIATION 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 TWENTIETH DAY
OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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DATE:

07-20-99