PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 2002 8:00 A.M
Secretary of State

DOCUMENT # P36304

1. Corporation Name
COGNICASE USA, Inc.

REINSTATEMENT

700005610767--8
-05/27/02--01001--023
***1050.00 ***1050.00

2. Principal Office Address		**3.** Mailing Office Address	
25 Independence Blvd.		25 Independence Blvd.	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Warren, NJ		City & State: Warren, NJ 07059	
Zip: 07059-2706	Country:	Zip: 07059-2706	Country:

4. Date Incorporated or Qualified To Do Business In Florida: 11-14-91

5. FEI Number: 222633323 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 Sout Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent: Connie Bryan Connie Bryan, Special Asst. Secy. (REGISTERED AGENT MUST SIGN) Date: 5-17-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Thomas A. Gordon	25 Independence Blvd.	Warren, NJ 07059
Snr. V.P	Homiyar Panday	25 Independence Blvd.	Warren, NJ 07059
Controller	S. Sujanthakumar	25 Independence Blvd.	Warren, NJ 07059
V.P Staffing	Elyse Infanti	25 Independence Blvd	Warren, NJ 07059

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 61 T, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: S. Sujanthakumar Controller — 4/29/02 — (908) 860 1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. Sujanthakumar

FL010 - 09/18/01 C T System Online