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PICK-UP WAIT MAIL						
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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO:	Registration of	n Section Corporations				
SUBJ	ECT: Ja	cada, Inc.				
		(Name	of corporat	ion - must include suffi	x)	
Dear S	ir or Madam:	;				
"Certif		tence", and check are		or Authorization to Tran o register the above refe		
Please	return all cor	respondence concern	ing this matt	ter to the following:		
Reb	ecca Safe	rstein, Paralegal				
			(Name	of Person)		
Smi	ith, Gambr	ell & Russell, LLP	·			
			(Firm/C	Company)		C3 NS
Suit	te 3100, Pr	omenade II, 1230	Peachtree	Street, N.E.		三皇
			(Ad	dress)		- CC
Atlanta, Georgia 30309-3592						- P
			(City/State	e and Zip code)		03 JUN -9 PH 1: 46
For fur	ther informa	tion concerning this m	atter, please	e call:		φ
Rebe	ecca Safer	stein	at (404	815-3721		
	(Name of F	Person)	(Area	a Code & Daytime Tele	phone Number)	_
Registr Divisio 409 E. Tallaha Enclos	ET ADDRESTATION Section of Corpora Gaines St. assee, FL 32 ed is a check	n ations 399 for the following amo		MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Fee.
טוני ש	.oo rumg re	Certificate	_	Certified Copy	Certificate o Certified Co	f Status &

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.

L Jacada, I	nc.			
words or abbre	oration; must include the word "INCORPO viations of like import in language as will corpartnership if not so contained in the name.	learly in	dicate that it is a corporation instead of a	
2. Delaware		3.		
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4. 2/6/91		5.	Perpetual Duration: Year corp. will cease to exist or "perpetu	
(Da	ite of incorporation)	0	Duration: Year corp. will cease to exist or "perpetu	al")
6. Upon qui	alification			
(Date first trans	acted business in Florida. If corporation ha (SEE SECTIONS 607.	s not tra 1501, 60	nsacted business in Florida, insert "upon qualificati 07.1502 and 817.155, F.S.)	ion.")
7. 400 Peri	meter Center Terrace, Suite 100,	Atlan	ta, Georgia 30346	
	(Principal office	address	s)	
Same				N SE
	(Current mailing	g address	<u>(</u>	22
Sall sand	ce and install software			
ð.	(s) of corporation authorized in home state	 -		2 3 9 C
				PH -
9. Name and st	reet address of Florida registered age	ent: (P.	O. Box or Mail Drop Box NOT acceptable)	F. 6
Name:	Michael A. Walters		<u>_</u>	
Office Address:	50 N. Laura St., Suite 2200			
	Jacksonville		_, Florida	
	(City)		(Zip code)	
Having been nar lesignated in thi further agree to	is application, I hereby accept the appo	ointmet tes rela	of process for the above stated corporation as nt as registered agent and agree to act in this ctive to the proper and complete performance ny position as registered agent.	capacity. I
	- mush	41.	4	
	(Registered agen	t's signa	ture)	

I1. 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 business addresses of officers and/or directors:

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Gideon Hollander Director: 400 Perimeter Center Terrace, Suite 100, Atlanta, Georgia 30346 Director: Robert Aldworth 400 Perimeter Center Terrace, Suite 100, Atlanta, Georgia 30346 B. OFFICERS President: Gideon Hollander 400 Perimeter Center Terrace, Suite 100 Atlanta, Georgia 30346 Vice President: Address: _ Lisa Wannamaker Secretary: 400 Perimeter Center Terrace, Suite 100, Atlanta, Georgia 30346 Address: _ Treasurer: Susan Lipham 400 Perimeter Center Terrace, Suite 100, Atlanta, Georgia 30346 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) Lisa Wannamaker, Secretary (Typed or printed name and capacity of person signing application)

Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACADA, 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 MAY, A.D. 2003.



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AUTHENTICATION: 2441264

DATE: 05-29-03