F18000001825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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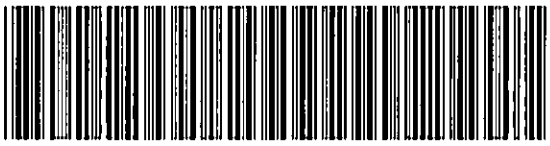

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1. BEHAVIORAL SCIENCE TECHNOLOGY, INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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.

1. BEHAVIORAL SCIENCE TECHNOLOGY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA
(State or country under the law of which it is incorporated)

3. 95-3757580
(FEI number, if applicable)

4. 07/15/1981
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 TOWN CENTER DRIVE, SUITE 600, OXNARD, CA 93036
(Principal office address)

_____
(Current mailing address, if different)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DRIVE, SUITE A

TALLAHASSEE (City), Florida 32301 (Zip code)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jaclyn Wright, ASST. SECRETARY
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: ERIC LABE

Address: 1000 TOWN CENTER DRIVE, SUITE 600

OXNARD, CA 93036

Director: IVO RAUH

Address: 1000 TOWN CENTER DRIVE, SUITE 600

OXNARD, CA 93036

Director: LOTHAR WEIHOFEN

Address: 1000 TOWN CENTER DRIVE, SUITE 600

OXNARD, CA 93036

Director:

Address:

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: ERIC LABE

Address: 1000 TOWN CENTER DRIVE, SUITE 600

OXNARD, CA 93036

Corporate Secretary & Vice President: MATTHEW S. MORRISON

Address: 1000 TOWN CENTER DRIVE, SUITE 600

OXNARD, CA 93036

Senior Vice President: TED APKING

Address: 1000 TOWN CENTER DRIVE, SUITE 600, OXNARD, CA 93036

Treasurer: ROBERT KERRIS

Address: 1000 TOWN CENTER DRIVE, SUITE 600, OXNARD, CA 93036

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MATTHEW S. MORRISON, VICE PRESIDENT AND CORPORATE SECRETARY

(Typed or printed name and capacity of person signing application)

OFFICERS LIST

ERIC LABE – PRESIDENT	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
MATTHEW S. MORRISON – VICE PRESIDENT & CORPORATE SECRETARY	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
TED APKING – SENIOR VICE PRESIDENT	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
LOTHAR WEIHOFEN – CHIEF EXECUTIVE OFFICER	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
ROBERT KERRIS – CHIEF FINANCIAL OFFICER	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036

DIRECTORS LIST

ERIC LABE	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
IVO RAUH	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036
LOTHAR WEIHOFEN	1000 TOWN CENTER DRIVE, SUITE 600 OXNARD CA, 93036

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BEHAVIORAL SCIENCE TECHNOLOGY, INC.

FILE NUMBER:	C1083200
FORMATION DATE:	07/15/1981
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 14, 2018.

ALEX PADILLA
Secretary of State