No Filing Fee (See Instructions)

ID Number: 694735



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615 SECRETARY OF STA

APPLICATION FOR TRANSFER OF AUTHORITY

CDW Technologies, LLC

(Insert full name of the entity following the transfer)

SECTION I: TO BE COMPLETED BY ENTITY TRANSPERKING AUTHORITY					
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (<i>check one box only</i>):					
	Non-Profit Corporation or ☐ Business Corporation or ☐ Limited Liability Company or				
	Limited Partnership or Limited Liability Partnership				
submits the following Application for the purpose of transferring its authority to a (check one box only):					
	Limited Partnership <u>or</u>				
	Limited Liability Partnership or Non-Profit Corporation				
a.	The name of the entity filing this application for transfer is: CDW Technologies, Inc.				
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 7/29/2011				
C./	The jurisdiction upon transfer of authority: Wisconsin				
d.	The name of the entity following the transfer of authority is: CDW Technologies LLC				
e.	The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).				
f.	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the				

Form 612 05/12

By 266809 A.A. 12: 20PM

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date:	1/29/14		
F	Print Name of Other Entity	OR	Print Name of Partnership
By:Sig	nature of Authorized Person	_	By:Signature of Partner
By:Sig	nature of Authorized Person		By:Signature of Partner
			By:Signature of Partner
CDW Techr	nologies, Inc.	-	
1	Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
By: <i>//\r</i> Sig	17 17 17 17 17 17 17 17 17 17 17 17 17 1	_	By: Signature of Authorized Person
Ву:	nature of Authorized Person		By:Signature of Authorized Person
Sia	nature of Authorized Person		Signature of Authorized Person

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

