

State of Rhode Island and Providence Plantations Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

International Consulting Acquisition Corp

2. It is incorporated under the laws of:

Delaware

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 04/20/07

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution ____

5. The address of its principal office is:

25025 N. 145, Suite 225, The Woodlands, Texas 77380

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Corporation Service Company

Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED 21 APR 0 3 2018 FORM 150 - Revised 12/2017

7. The purpose or purpo	oses which it pr	oposes to pursue in the	transaction of t	ousiness in Rhode Island are:	
A global technology re	esearch and a	dvisory firm specializi	ng in digital tra	insformation services including assisting	
clients optimize perfor	rmance, enhai	nce customer relation	ships and acce	lerate growth.	
8. (a) The names and re state or country of which			otional, unless di	rectors are required under the laws of the	
NAME		ADDRESS			
David Berger		Two Stamford Plaza, 281 Tresser Blvd., Stamford CT 06901			
Randy Scheller		Two Stamford Plaza, 281 Tresser Blvd., Stamford CT 06901			
		Check the box to indicate an attachment			
8. (b) The names and re of the state or country o			cers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	David Berger		Two Stamford Plz 281 Tresser Blvd., Stamford CT06901		
VICE PRESIDENT	Randy Scheller		Two Stamford Plz 281 Tresser Blvd., Stamford CT06901		
TREASURER	Randy Scheller		Two Stamford Plz 281 Tresser Blvd., Stamford CT06901		
SECRETARY	<u> </u>				
	•		·	Check the box to indicate an attachment	
9. The aggregate number par value, and series, if			sue; itemized by	v classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
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	during the follo	owing year bears to the	value of all prop	of the property of the corporation to be erty of the corporation to be owned during leaf)	
4.0		ional i oroonnago obran			
%					
	iness in Rhode	Island during the follow	ving year compa	usiness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)	
4.0 %	_		č		
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 This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing. 	tanding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK O	NE BOX ONLY
 Date received (Upon filing) Later effective date (Date must be no more than 90 days from the second se	e date of filing)
Under penalty of perjury, I declare and affirm that I have examined th accompanying attachments, and that all statements contained hereir	
Type or Print Name of Authorized Officer	Date
Randy Scheller	March 28, 2018
Signature of Authorized Officer of the Corporation Randy J. SIGN DOCUMENT	HERE

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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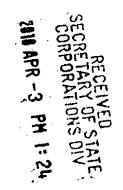
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL CONSULTING ACQUISITION CORP." 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-EIGHTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERNATIONAL CONSULTING ACQUISITION CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





4337973 8300 SR# 20182259780

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202410158 Date: 03-28-18



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

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:

April 03, 2018 01:24 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

