

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF REGISTRATION  
OF  
CBTS TECHNOLOGY SOLUTIONS LLC**

I FURTHER CERTIFY that the records on file in this office show that the  
above named entity's home jurisdiction is DE  
and that it is registered to do business in the State of Washington on 3/28/1994.  
I FURTHER CERTIFY that as of the date of this certificate, all fees, interest and penalties  
owed to this state and collected through the Secretary of State have been paid.  
I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: October 31, 2017

UBI: 601-539-765



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital



Kim Wyman, Secretary of State



# SOS

Office of the Secretary of State  
Corporations & Charities Division

- Filing Fee: \$30
- With Expedited Service: \$80

10/20/17 3578464-002  
~~\$30.00 R~~  
 FILED tid: 3613738  
 OCTOBER 20, 2017  
 SECRETARY OF STATE  
 STATE OF WASHINGTON  
 FILE 2ND AFTER AMO  
 For office use only

## APPLICATION FOR TRANSFER OF FOREIGN ENTITY REGISTRATION ON MERGER OR CONVERSION

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

### 1. Foreign Entity Information Prior to Merger or Conversion:

Foreign Entity Name: CBTS Technology Solutions Inc.	
UBI#: 601539765	Type of Entity Prior to Merger or Conversion (LLC, Corp., etc.): Corporation

### 2. Applicant Information:

Name of Surviving or Converted Entity (as recorded in jurisdiction of record): CBTS Technology Solutions LLC	
If above name not available, name to be used in WA:	
Jurisdiction of Applicant (State or Country): Delaware	Type of Entity after Merger or Conversion (LLC, Corp., etc.): LLC

### 3. Address of Principal Office (if different after Merger or Conversion):

Street Address:		
Street Address (continued):		
City:	State:	Zip:
Mailing Address:		
Mailing Address (continued):		
City:	State:	Zip:

### 4. Address of Office in Home Jurisdiction (if required to have one):

Street Address: 251 Little Falls Drive		
Street Address (continued):		
City: Wilmington	State: DE	Zip: 19808
Mailing Address:		
Mailing Address (continued):		
City:	State:	Zip:



Office of the Secretary of State  
Corporations & Charities Division

**REQUIRED if a change is made to Entity Name, Entity Type or Jurisdiction:** A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

**5. Registered Agent/Office (required if different prior to Merger or Conversion):**

Registered Agent is a: <input type="checkbox"/> Commercial Registered Agent <input type="checkbox"/> Non-Commercial Registered Agent <i>(must select one)</i>			
Current or New Registered Agent Name:			
Physical Street Address (required if non-commercial registered agent):			
City:	State: WA	Zip:	
Mailing Address in WA (optional):			
City:	State: WA	Zip:	
<b>CONSENT TO SERVE AS REGISTERED AGENT:</b>			
I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change my address.			
Signature	Print Name	Title	Date

**6. Executor Information:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
	Connie M. Vogt	Secretary	10/19/17
Signature	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:  
801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504

All fees are non-refundable.  
All payments must be in US currency or drawn on a US bank.  
Make checks and Money Orders payable to:  
Secretary of State

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBTS TECHNOLOGY SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBTS TECHNOLOGY SOLUTIONS LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 1987.

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



2145225 8300

SR# 20176159817

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203224118

Date: 09-14-17

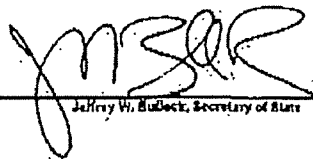
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "CBTS TECHNOLOGY SOLUTIONS INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CBTS TECHNOLOGY SOLUTIONS INC." TO "CBTS TECHNOLOGY SOLUTIONS LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2017, AT 2:24 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

2145225 8100V  
SRH 20176147513

Authentication: 203218222  
Date: 09-13-17

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:24 PM 09/12/2017  
FILED 02:24 PM 09/12/2017  
SR 20176123956 - EfileNumber 2145225

**STATE OF DELAWARE**  
**CERTIFICATE OF CONVERSION**  
**FROM A CORPORATION TO A LIMITED LIABILITY COMPANY**  
**PURSUANT TO**  
**SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT AND**  
**SECTION 266 OF THE GENERAL CORPORATION LAW**

1. The jurisdiction where the corporation first formed is Delaware.
2. The jurisdiction immediately prior to filing this certificate is Delaware.
3. The date the corporation first formed is December 3, 1987.
4. The name of the corporation immediately prior to filing this certificate is  
CBTS Technology Solutions Inc.
5. The name of the limited liability company as set forth in its certificate of formation is  
CBTS Technology Solutions LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion  
on the 12th day of September, 2017.

By: 

Print Name: Leigh R. Fox

Title: President & CEO



# SOS

Office of the Secretary of State  
Corporations & Charities Division

- Filing Fee, non-profit corp: \$20
- Filing Fee, all others: \$30
- With Expedited Service: add an additional \$50

FILED  
OCTOBER 20, 2017  
SECRETARY OF STATE  
STATE OF WASHINGTON

FILE 1ST BEFORE TRANSFER

10/20/17 3578462-002  
\$80.00 R  
tid: 3613736

For office use only

## FOREIGN REGISTRATION AMENDMENT

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

### 1. Entity Information

Entity Name (as recorded with WA Sec. of State): Cincinnati Bell Any Distance Inc.		UBI# (if applicable): 601539765
New Entity Name (if different than above): CBTS Technology Solutions Inc.		
If above name not available, name to be used in WA:		
Current Jurisdiction of Formation (State or Country): Delaware	New Jurisdiction of Formation:	
Current Entity Type (if LP, indicate whether entity is an LLLP): Corporation	New Entity Type (if LP, indicate whether entity is an LLLP): Corporation	

### 2. Effective Date

Effective Date: <input checked="" type="checkbox"/> Upon Filing, or <input type="checkbox"/> Specific Date:	Enter Specific Date:	(Effective date must be within 90 days AFTER the Amendment has been filed by Secretary of State)
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### 3. Principal Office Information (must be completed if changed from current)

Street Address of Principal Office:		
City:	State:	Zip:
Mailing Address of Principal Office (if different than above):		
City:	State:	Zip:
Street Address of Required Office in Home Jurisdiction (if applicable):		
City:	State:	Zip:
Mailing Address of Required Office in Home Jurisdiction (if different than above):		
City:	State:	Zip:

**REQUIRED:** If a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.



Office of the Secretary of State  
Corporations & Charities Division

**4. Registered Agent Information** (must be completed if amending Registered Agent information):

Registered Agent is a: <input type="checkbox"/> Commercial Registered Agent <input type="checkbox"/> Non-Commercial Registered Agent (must select one)			
Current or New Registered Agent Name:			
Physical Address in WA (required if non-commercial registered agent):			
City:	State: WA	Zip:	
Mailing Address in WA (optional):			
City:	State: WA	Zip:	
<b>CONSENT TO SERVE AS REGISTERED AGENT:</b>			
I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change my address.			
Signature (required if agent has changed)	Print Name	Title	Date

**5. Executor Information**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
	Connie M. Vogt	Secretary	10/19/17
Signature (required)	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504

All fees are non-refundable.  
All payments must be in US currency or  
drawn on a US bank.  
Make checks and Money Orders payable to:  
**Secretary of State**



# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CINCINNATI BELL ANY DISTANCE INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CBTS TECHNOLOGY SOLUTIONS INC." ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2017, AT 2:41 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBTS TECHNOLOGY SOLUTIONS LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 1987.



2145225 8320  
SR# 20176360071

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203300541  
Date: 09-27-17

# CBTS TECHNOLOGY SOLUTIONS LLC

UBI #: 601539765

View Charity Details for CBTS TECHNOLOGY SOLUTIONS LLC filed with our Charities division.

<b>UBI #</b>	601539765
<b>Status</b>	ACTIVE
<b>Category</b>	Limited Liability Regular
<b>Type</b>	Profit
<b>Duration</b>	Perpetual
<b>State of Incorporation</b>	DE
<b>Expiration Date</b>	03/31/2018
<b>Filing Date</b>	03/28/1994
<b>Inactive Date</b>	
<b>Registered Agent</b>	CORPORATION SERVICE COMPANY 300 DESCHUTES WAY SW STE 304 TUMWATER, WA 98501-7719

## Governing Persons (as defined in RCW 23.95.105 (12))

WILSON, CHRISTOPHER J J  
Governor

ELMA, CHRISTOPHER  
Governor

TORBECK, THEODORE  
Governor

## **Governing Persons Address Information**

Governing person addresses are not available for the following entity types: WA Association under Fish Marketing Act, Miscellaneous and Mutual, Public Benefit Corporation, Non-profit Corporation, Non-Profit Professional Service Corporation, Bank Corporation, Limited Liability Company, Professional Limited Liability Company, Unregistered Corporation, Limited Liability Partnership, Corporation Sole, Credit Union, Fraternal Building Association, Fraternal Society, Grange, Military Corporation, Savings and Loan Association, Joint Municipal Utility Service, Limited Partnership, Insurance Company, Limited Liability Limited Partnership.

## **Disclaimer**

Neither the State of Washington nor any agency, officer, or employee of the State of Washington warrants the accuracy, reliability, or timeliness of any information in the Public Access System and shall not be liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.

All documents filed with the Corporations Division are considered public record.

### Contact Us

Washington Secretary of State  
Corporations Division  
801 Capitol Way South  
PO Box 40234  
Olympia, WA 98504-0234  
(360) 725-0377