Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
   - [X] profit corporation
   - [ ] nonprofit corporation
   - [ ] professional limited liability company
   - [ ] business trust
   - [ ] limited liability company
   - [ ] statutory trust
   - [ ] limited partnership
   - [ ] ltd cooperative association
   - [ ] other
   - [ ] non-profit llc
   - [ ] professional service corporation

2. The name of the entity is cxLoyalty, Inc.
   (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
   (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is June 28 2001 and the period of duration is _____
   (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

6 HIGH RIDGE PARK	Stamford	CT	06905
Street Address	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No P.O. Box Numbers)	City	State	Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
David Katz	6 HIGH RIDGE PARK	Stamford	CT	06905
Todd H Siegel	6 HIGH RIDGE PARK	Stamford	CT	06905
Andrea Belen Daneri	6 HIGH RIDGE PARK	Stamford	CT	06905

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: [ ]

12. If a limited liability company, check box if manager-managed: [ ]

13. This application will be effective upon filing.

Andrea B. Daneri	Andrea Belen Daneri, Secretary	1/12/2023
Signature of Authorized Representative	Printed Name & Title	Date

I, C T Corporation System
Type/Print Name of Registered Agent
, consent to serve as the registered agent on behalf of the business entity.

By: C T Corporation System. *Stephen Rullis*	Stephen Rullis	VP & Asst. Secy.	1/10/2023
Signature of Registered Agent	Printed Name	Title	Date

(1/20)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CXLOYALTY, 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 TWELFTH DAY OF JANUARY, A.D. 2023.

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

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

Jeffrey W. Bullock, Secretary of State

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SR# 20230112483

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

Authentication: 202481059

Date: 01-12-23