EXHIBIT 1

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 16, 2010 5820-920-1

CT CORPORATION SYSTEM
600 S 2ND ST
SPRINGFIELD IL 62704

RE SYNIVERSE TECHNOLOGIES, INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE REINSTATED AUTHORITY FOR THE ABOVE NAMED CORPORATION TO TRANSACT BUSINESS IN THIS STATE.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

JW:CD

FORM **BCA 12.45/13.6** (rev. Dec. 2003)
APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-1837 (foreign)
217-785-5782 or 217-782-5797 (domestic)
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order, Illinois attorney's check payable to Secretary of State.

See notes on back.

FILED
JUN 16 2010
JESSE WHITE
SECRETARY OF STATE

File # F-5820-920-1 Filing Fee: $200 Approved: LC

---- Submit in duplicate ---- Type or Print clearly in black ink ---- Do not write above this line ----

1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation:

   Syniverse Technologies, Inc

   b. Corporate Name if changed: (See Note 2.)

   c. If a foreign corporation having authority under an assumed corporate name restriction, the Assumed Corporate Name (See Note 3.)

2. State of Incorporation: Delaware

3. Date Certificate of Dissolution or Revocation issued: July 11, 2008

4. Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement:
   NOTICE: Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)

   Registered Agent CT Corportion System
   First Name Middle Name Last Name

   Registered Office 208 LaSalle Street
   Number Street Suite # (P.O. Box alone is unacceptable)

   Chicago IL 60604 Cook
   City ZIP Code County

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. (See Note 1.)

6. The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in **BLACK INK.**)

   Dated April 26, 2010 Syniverse Technologies, Inc
   Month & Day Year Exact Name of Corporation

   Laura E Binion
   Any Authorized Officer's Signature

   Laura E. Binion, Secretary
   Name and Title (type or print)

♻ Printed on recycled paper. Printed by authority of the State of Illinois. April 2010 — 5M — C 89.23

NOTES

1. All fees in connection with the reinstatement must be in the form of a certified check, cashier's check, Illinois attorney's check, CPA's check or money order payable to Secretary of State. This includes all filing fees, franchise taxes, penalties and interest.

2. If the corporate name the corporation had at the time of dissolution or revocation is not available for use at the time of reinstatement, the corporation shall set forth the new name by which it will hereafter be known. A change of corporate name also must be properly effected in accordance with the provisions of the Business Corporation Act of 1983. For domestic corporations, Articles of Amendment must be filed, pursuant to Section 10.30. For foreign corporations, if the name has been changed, an Application for Amended Authority (Form BCA 13.40), together with a certified copy of the amendment, must be filed pursuant to Section 13.40.

3. This item must be completed if either the foreign corporation's true name was not available at the time of qualification or the foreign corporation's true name is now not available at the time of reinstatement, if the foreign corporation's true name is no longer available at the time of reinstatement, Forms BCA 13.40 and BCA 4.15 must accompany the other documents pertaining to the reinstatement. If the renewal date for the assumed name is prior to the date of signing in Item 6, an assumed name renewal statement must accompany the reinstatement application.

4. If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on Form BCA-5.10.

♻ Printed on recycled paper. Printed by authority of the State of Illinois. April 2010 — 5M — C 89.23

YEAR OF: 2008
File Prior to: 2/1/2008

STATE OF ILLINOIS
FOREIGN CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE #: F-5820-920-1

NOTE: A change in the Registered Agent and/or Registered Office may only be effected by filing Form BCA-5.10/5.20. If there have been any changes in items 6 or 7a, Form BCA-14.30 *must be completed and submitted in the same envelope.*

FILED
JUN 16 2010
JESSE WHITE
SECRETARY OF STATE

1. Corporate Name: Syniverse Technologies, Inc
Registered Agent: CT Corporation Systems
Registered Office: 208 LaSalle Street
City, IL, ZIP Code: Chicago, Il 60604 County: Cook

2. Principal Address of Corporation: 8125 Highwoods Palm Way, Tampa Florida 33647
Street City State ZIP Code

3a. State or Country of Incorporation: Delaware

3b. Date Qualified To Do Business in Illinois: 2/22/1995
Month Day Year

4. Names and Addresses of Officers and Directors:
NOTE: The names and addresses of ALL officers and directors must be entered in this item.

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Tony G holcombe	8125 Highwoods Palm Way, Tampa, Fl 336647			
Secretary	Laura E. Binion	Same			
Treasurer	David W. Hitchcock	Same			
Director	Robert Marino	Same			
Director					
Director					

5. If 51% or more of stock is owned by a minority or female, please check appropriate box: ☐ Minority Owned ☐ Female Owned

6. Number of shares authorized and issued (as of 11/30/2007):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
	Common	No PAR Value	2000	2000

IMPORTANT: If the amount in item 6 or 7a differs from the Secretary of State's records, Form BCA 14.30 must be completed.

7a. Amount of Paid-in Capital (as of 11/30/2007): $ 851,854,990.00

7b. Paid-in Capital on record with Secretary of State: $ 851,854,990.00

(Paid-in Capital reflects the sum of the Stated Capital and Paid-in surplus accounts.)

8. By Laura E Binion Secretary 6/16/2010
Any Authorized Officer's Signature Title Date

Item 8 Must Be Signed.

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

RETURN TO:
Jesse White, Secretary of State
Department of Business Services • 501 S. Second St. • Springfield, IL 62756
217-782-7808 • www.cyberdriveillinois.com

Please Complete Reverse Side of This Report

PRESIDENT
SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

File #

PRESIDENT _____
Name Street Address City State ZIP Code

SECRETARY _____
Name Street Address City State ZIP Code

Printed by authority of the State of Illinois. October 2008 — 2.5M — C 288.5

(Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.)

9. Amounts stated in parts (a) through (d) below are given for the 12-month period ending 30th November (Day, Month), 2007 (Year).

Value of the property (gross assets):

(a) owned by the corporation, wherever located: (a) $ 1,053,811,000.00

(b) of the corporation located within the State of Illinois: (b) $ 20,125.00

Gross amount of business transacted by the corporation:

(c) everywhere for the above period: (c) $ 337,722,060.00

(d) at or from places of business in Illinois for the above period: (d) $ 10,896983.00

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = .007845 (6 decimal places) Enter this figure on line 11b below.

10a. ☐ ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.

10b. ☐ The Corporation **elects** to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 *(Enter this figure on line 11b below.)*

STOP: Item 9 or 10 must be completed before continuing to Item 11.

11. ANNUAL FRANCHISE TAX AND FEES

11a.	TOTAL PAID-IN CAPITAL (Enter amount from Item 7a; If late, enter the greater of 7a or 7b.)	a.	851854990	
11b.	ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b.	.007845	
11c.	ILLINOIS CAPITAL (Multiply line 11a by line 11b.)	c.	6682802.40	
11d1.	Multiply line 11c by .001 (Round to nearest cent.)	d1.	6682.80	
11d2.	ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than $25.)			d2. 6682.80
11e1.	If Annual Report is late, multiply line d2 by .10	e1.	668.28	
11e2.	If Annual Franchise Tax is late, multiply line d2 by .02 for each month 29 late or part thereof (minimum $1)	e2.	3876.02	
11e3.	INTEREST & PENALTIES (Add lines e1 and e2.)			e3. 4544.30
11f.	ANNUAL REPORT FILING FEE ($75)			11f. + 75.00
11g.	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.)			11g. 11302.10

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
(Place corporate file number on check.)

IMPORTANT

If there have been changes in Items 6 or 7, Form BCA 14.30 must be executed and submitted with this Annual Report in the same envelope.

Printed by authority of the State of Illinois. October 2008 — 2.5M — C 288.5

YEAR OF: 2009
File Prior to: 2/1/2009

STATE OF ILLINOIS
FOREIGN CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE #: F-5820-920-1

NOTE: A change in the Registered Agent and/or Registered Office may only be effected by filing Form BCA-5.10/5.20. If there have been any changes in items 6 or 7a, Form BCA-14.30 *must be completed and submitted in the same envelope.*

FILED
JUN 16 2010
JESSE WHITE
SECRETARY OF STATE

1. Corporate Name: Syniverse Technologies, Inc
Registered Agent: CT Corporation Systems
Registered Office: 208 LaSalle Street
City, IL, ZIP Code: Chicago, Il 60604 County: Cook

2. Principal Address of Corporation: 8125 Highwoods Palm Way, Tampa Florida 33647
Street City State ZIP Code

3a. State or Country of Incorporation: Delaware

3b. Date Qualified To Do Business in Illinois: 2/22/1995
Month Day Year

4. Names and Addresses of Officers and Directors:
NOTE: The names and addresses of ALL officers and directors must be entered in this item.

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Tony G holcombe	8125 Highwoods Palm Way, Tampa, Fl 336647			
Secretary	Laura E. Binion	Same			
Treasurer	David W. Hitchcock	Same			
Director	Robert Marino	Same			
Director					
Director					

5. If 51% or more of stock is owned by a minority or female, please check appropriate box: ☐ Minority Owned ☐ Female Owned

6. Number of shares authorized and issued (as of 11/30/2008):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
	Common	No PAR Value	2000	2000

IMPORTANT: If the amount in item 6 or 7a differs from the Secretary of State's records, Form BCA 14.30 must be completed.

7a. Amount of Paid-in Capital (as of 11/30/2008): $ 851,854,990.00

7b. Paid-in Capital on record with Secretary of State: $ 851,854,990.00

(Paid-in Capital reflects the sum of the Stated Capital and Paid-in surplus accounts.)

8. By Laura E Binion Secretary 6/16/2010
Any Authorized Officer's Signature Title Date

Item 8 Must Be Signed.

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

RETURN TO:
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(Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.)

9. Amounts stated in parts (a) through (d) below are given for the 12-month period ending 30th November (Day, Month), 2008 (Year).

Value of the property (gross assets):

(a) owned by the corporation, wherever located: ..... (a) $ 1,304,735,788.00

(b) of the corporation located within the State of Illinois: ..... (b) $ 19,763.00

Gross amount of business transacted by the corporation:

(c) everywhere for the above period: ..... (c) $ 406,152,068.00

(d) at or from places of business in Illinois for the above period: ..... (d) $ 12,229,192.00

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = * 007159 (6 decimal places) Enter this figure on line 11b below.

10a. ☐ ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.

10b. ☐ The Corporation **elects** to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 *(Enter this figure on line 11b below.)*

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11. ANNUAL FRANCHISE TAX AND FEES

11a. TOTAL PAID-IN CAPITAL (Enter amount from Item 7a; if late, enter the greater of 7a or 7b.)	a.	851854990		
11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b.	.007159		
11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b.)	c.	6098429.87		
11d1. Multiply line 11c by .001 (Round to nearest cent.)	d1.	6098.43		
11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than $25.)			d2.	6098.43
11e1. If Annual Report is late, multiply line d2 by .10	e1.	609.84		
11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum $1) 17	e2.	2073.47		
11e3. INTEREST & PENALTIES (Add lines e1 and e2.)			e3.	2683.31
11f. ANNUAL REPORT FILING FEE ($75)			11f.	+ 75.00
11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.)			11g	8856.74

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Director	Robert Marino	Same			
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Director					

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8. By Laura E Binion Secretary 6/16/2010
Any Authorized Officer's Signature Title Date

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Value of the property (gross assets):

(a) owned by the corporation, wherever located: (a) $ 1,237,731,014.00

(b) of the corporation located within the State of Illinois: (b) $ 53,063.00

Gross amount of business transacted by the corporation:

(c) everywhere for the above period: (c) $ 369,371,009.00

(d) at or from places of business in Illinois for the above period: (d) $ 29,598,977.00

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = .018450 (6 decimal places) Enter this figure on line 11b below.

10a. ☐ ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.

10b. ☐ The Corporation **elects** to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 *(Enter this figure on line 11b below.)*

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11a. TOTAL PAID-IN CAPITAL (Enter amount from Item 7a; if late, enter the greater of 7a or 7b.)	a.	851854990		
11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b.	.018450		
11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b.)	c.	15716724.57		
11d1. Multiply line 11c by .001 (Round to nearest cent.)	d1.	15716.72		
11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than $25.)			d2.	15716.72
11e1. If Annual Report is late, multiply line d2 by .10	e1.	1571.67		
11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum $1) 5	e2.	1571.67		
11e3. INTEREST & PENALTIES (Add lines e1 and e2.)			e3.	3143.34
11f. ANNUAL REPORT FILING FEE ($75)			11f.	+ 75.00
11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.)			11g.	18935.06

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
(Place corporate file number on check.)

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