

FILED

2007 APR 10 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000006163

1. Corporation Name

METAVANTE CORPORATION

REINSTATEMENT

CR2E061 (1/07)

05-07

2. Principal Office Address - No P.O. Box # 4900 W. Brown Deer Road Suite, Apt. #, etc.		3. Mailing Office Address 4900 West Brown Deer Road Suite, Apt. #, etc.	
City & State Milwaukee, WI		City & State Milwaukee, WI	
Zip 53223	Country USA	Zip 53223	Country USA

4. Date incorporated or Qualified To Do Business in Florida 11/3/2000	
5. FEI Number 39-1165550	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See the Additional Requirements for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 4/9/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/CEO	Frank M. Martire	4900 W. Brown Deer Road	Milwaukee, WI 53223
D/CFO	Michael D. Haybord	same	same
EVP/Sy	Norris J. Daroga	same	same
SEVP	Frank G. DiAngelo	same	same
SEVP	Paul T. Darola	same	same
SEVP	Brian C. Hurdis	same	same

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Norris J. Daroga 03/29/07 414-357-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

METAVANTE CORPORATION

Certificate of Status	0
Certified Copy	0
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