

FOI 000004109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

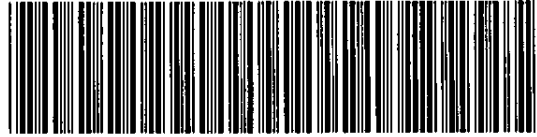
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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PROPERTY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 19 AM 11:32


FILED

16 MAY 19 AM 11:13

RECEIVED  
DEPARTMENT OF STATE

XNEMWET J.  
9102 02 AM  
MAY

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 147167 7569239  
AUTHORIZATION :   
COST LIMIT : \$35.00

ORDER DATE : May 18, 2016  
ORDER TIME : 9:42 AM  
ORDER NO. : 147167-210  
CUSTOMER NO: 7569239

FOREIGN FILINGS

NAME: HEARTLAND PAYMENT SYSTEMS,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Heartland Payment Systems, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F01000004109

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pauline Boyle, Corporate Paralegal

\_\_\_\_\_  
(Name of Person)

Heartland Payment Systems, LLC

\_\_\_\_\_  
(Firm/Company)

300 Carnegie Center, Suite 300

\_\_\_\_\_  
(Address)

Princeton NJ 08540

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Pauline Boyle

at ( 267 ) 808 8752

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Heartland Payment Systems, Inc.

\_\_\_\_\_  
(Name of Corporation)

F01000004109

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

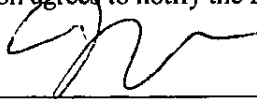
300 Carnegie Center, Suite 300

\_\_\_\_\_  
(Mailing Address)

Princeton NJ 08540

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Honora Moore

\_\_\_\_\_  
(Typed or printed name of person signing)

05/18/16

\_\_\_\_\_  
(Date)

Secretary

\_\_\_\_\_  
(Title of person signing)

FILED  
2016 MAY 19 A 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$35**