# F0500000 2491

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
, ,							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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5 APR 21 PH 12: 20

#### TRANSMITTAL LETTER

TO: Registration Division o	on Section of Corporations		
SUBJECT: Glo	bal Payments Check Servi	ces, Inc.	
		corporation - must include suf	ffix)
Dear Sir or Madan	1:		
	stence," and check are sub-	ration for Authorization to Tra mitted to register the above ref	ansact Business in Florida," ferenced foreign corporation to
Please return all co	orrespondence concerning	his matter to the following:	
Jessica L. Piotrow	ski		
		(Name of Person)	
Global Payments i	nc.		
		(Firm/Company)	
10 Glenlake Parkv	vay, NE, North Tower		물 <sub>인</sub> 8
	<del></del>	(Address)	Page 1
Atlanta, GA 30328			21
		City/State and Zip code)	· · · · · · · · ·
			20 E
For further informa	ation concerning this matte	r, please call:	OS APR 21 PH 12: 20
Jessica L. Piotrows	ski at	770 829-8251	
(Name of		(Area Code & Daytime Te	lephone Number)
Registration Division o 409 E. Gai	f Corporations	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314
Enclosed is a checl	k for the following amount	:	
<b>Ø</b> \$70.00 Filing F	ee	<del>-</del>	& S87.50 Filing Fee, Certificate of Status &

# 77

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Global Payments	Check Services, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavailab	le in Florida, enter alternate corporate na	me	adopted for the I	ourpose of transacting business	s in Florida)	-
2.	Illinois		3.	36-2543090			
	(State or country un	der the law of which it is incorporated)	•		(FEI number, if applicable)		-
4.	10-13-1964		5.	Perpetual			
	(Date of incorporation)		-	(Duration: Yea	ar corp. will cease to exist or "	perpetual")	-
6.							
		(Date first transacted busine					-
		(SEE SECTIONS 607.1501 & 60	7.1	502, F.S., to deter	mine penalty hability)		
7.	6215 W. Howard	Street, Niles, IL 60714			<u> </u>		-
		(Principal office	add	ress)			
	10 Glenlake Park	way, NE, North Tower, Atlanta, GA 3		<del></del>			
		(Current mailing	add	ress)			
8.	Check Guarantee	e / Collection Services					05 APR
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						` >0 - No
9.	Name and street a	address of Florida registered agent: (	P.C	). Box NOT ac	ceptable)		
				<del></del>	•		PM 12: 21
	Name:	C T Corporation System				335 SS	$\vec{\omega}$
0	ffice Address:	1200 South Pine Island F	loa	<u>.d</u>		SHI.	20
	-	Plantation		, Florida	33324		
		(City)			(Zip code)		

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MARY R. ADAMS
ASSISTANT SECRETARY
(Registered agent's signature)

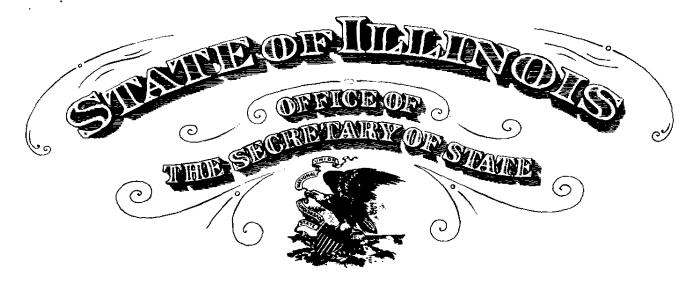
C T Corporation System

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: Suellyn P. Tornay		
Address: 10 Glenlake Parkway, NE, North Tower, Atlanta, GA 30328		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: James G. Kelly		
Address: 10 Gienlake Parkway, NE, North Tower, Atlanta, GA 30328	<u> </u>	05
		ΛPΩ
Vice President: Suellyn P. Tornay	120.5	21 PF
Address: 10 Gienlake Parkway, NE, North Tower, Atlanta, GA 30328	10 60	
		25.
Secretary: Suellyn P. Tornay		
Address: 10 Glenlake Parkway, NE, North Tower, Atlanta, GA 30328		
Treasurer: Suellyn P. Tornay		·
Address: 10 Glenlake Parkway, NE, North Tower, Atlanta, GA 30328		
·		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
13. (Signature of Director or Officer listed in number 12 of the application)		<del></del>
14. Suellyn P. Tornay, Corporate Secretary		
(Typed or printed name and capacity of person signing application)		

#### File Number

4467-947-7



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

MARCH

A.D.

2005

Desse White

SECRETARY OF STATE