

Division of Corporations

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F100000001449

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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2015 FEB -4 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MEI PAYMENT SYSTEMS INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

Name chg  
@ 2/5/15

RECEIVED  
15 FEB -4 PM 12:32  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEI, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F10000001449

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lenora Rowser

\_\_\_\_\_  
Name of Contact Person

MEI, Inc.

\_\_\_\_\_  
Firm/Company

c/o Crane Co., 100 First Stamford Place

\_\_\_\_\_  
Address

Stamford, CT 06902

\_\_\_\_\_  
City/State and Zip Code

lrowser@craneco.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at ( 203 ) 363.7242  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO  
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

F10000001449

(Document number of corporation (if known))

1. MEI Payment Systems, Inc. (cross reference name MEI, Inc.)  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware  
(Incorporated under laws of)

3. 03/23/2010  
(Date authorized to do business in Florida)

2015 FEB 14 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/31/2014

5. Crane Payment Innovations, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Anthony M. D'lorio 1/22/15  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Anthony M. D'lorio  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "MARS ELECTRONICS INTERNATIONAL, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MEI, INC.", ON THE EIGHTH DAY OF MAY, A.D. 2006, AT 5:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "MEI, INC." FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "CRANE PAYMENT INNOVATIONS, INC.", ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2014, AT 6:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 11:59 O'CLOCK P.M.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRANE PAYMENT INNOVATIONS, INC.", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID CORPORATION.

2143043 8321

150110317

You may verify this certificate online at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2075500

DATE: 01-28-15