

F 10000004094

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

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

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
PRIME ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$70.00

RECEIVED
DEPARTMENT OF STATE
10 OCT 05 AM 7:59

FILED
10 OCT 25 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10/26/10
10/22/2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Prime Associates, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wanda F. Smith
Name of Person

Fidelity National Information Services, Inc.
Firm/Company

601 Riverside Ave.
Address

Jacksonville, FL 32204
City/State and Zip code

wanda.smith@fiscglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Smith at (904) 854-5021
Name of Person *Area Code & Daytime Telephone Number*

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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10 OCT 25 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Prime Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FIS Prime Associates, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 11-2633848
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/23/1982 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 400 Plaza Drive, Secaucus, NJ 07094
(Principal office address)

601 Riverside Ave., Jacksonville, FL 32204
(Current mailing address)

8. SEE ATTACHMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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.

Barbara A. Burke
Special Assistant Secretary

C T Corporation System
By: Barbara A. Burke
(Registered agent's signature)

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 *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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)

14. Michael L. Gravette, Corp. Executive VP, Chief Legal Officer and Corp. Secretary

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 PM 2:14

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**Attachment to Florida
Purpose Clause**

Prime licenses risk and compliance software to financial institutions as well as provides data processing and consulting services.

Officers & Directors

- 1 **Full Name:** Stacey A Lombardi
 Officer/Director: Officer
 Officer's Title: Vice President and Assistant Secretary
 Director's Title:
 Business Address: 4900 W. Brown Deer Road
 City: Brown Deer
 State: WI
 ZIP Code: 53223
- 2 **Full Name:** Frank D'Angelo
 Officer/Director: Officer
 Officer's Title: Chief Executive Officer and President
 Director's Title:
 Business Address: 4900 West Brown Deer Road
 City: Brown Deer
 State: WI
 ZIP Code: 53223
- 3 **Full Name:** Gary A. Norcross
 Officer/Director: Officer
 Officer's Title: Corporate Executive Vice President, Chief
 Operating Officer
 Director's Title:
 Business Address:
 City:
 State:
 ZIP Code:
- 4 **Full Name:** Michael D Hayford
 Officer/Director: Officer
 Officer's Title: Corporate Executive Vice President, Chief
 Financial Officer
 Director's Title:
 Business Address: 4900 West Brown Deer Road

	City:	Brown Deer
	State:	WI
	ZIP Code:	
5	Full Name:	Michael L. Gravelle
	Officer/Director:	Officer
	Officer's Title:	Corporate Executive Vice President, Chief Legal Officer and Corporate Secretary
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
6	Full Name:	Ram V. Chary
	Officer/Director:	Officer
	Officer's Title:	Executive Vice President - Global Commercial Services
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
7	Full Name:	Brian Hurdis
	Officer/Director:	Officer
	Officer's Title:	Executive Vice President - Technology Services
	Director's Title:	
	Business Address:	4900 W. Brown Deer Road
	City:	Brown Deer
	State:	WI
	ZIP Code:	53223
8	Full Name:	Anthony Jabbour
	Officer/Director:	Officer
	Officer's Title:	Executive Vice President - Financial Solutions
	Director's Title:	
	Business Address:	

City:
State:
ZIP Code:

9 Full Name: Mark Philip Davey
Officer/Director: Officer
Officer's Title: Executive Vice President, International
Director's Title:
Business Address:
City:
State:
ZIP Code:

10 Full Name: Richard Lynn Cox
Officer/Director: Officer
Officer's Title: Senior Vice President and Tax Officer
Director's Title:
Business Address:
City:
State:
ZIP Code:

11 Full Name: Kirk T Larsen
Officer/Director: Officer
Officer's Title: Senior Vice President and Treasurer
Director's Title:
Business Address:
City:
State:
ZIP Code:

12 Full Name: Jason L. Couturier
Officer/Director: Officer
Officer's Title: Vice President and Assistant Treasurer
Director's Title:
Business Address:
City:
State:
ZIP Code:

- 13 Full Name: Debra H Burgess
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address:
City:
State:
ZIP Code:
- 14 Full Name: Brent Bickett
Officer/Director: Officer
Officer's Title: Corporate Executive Vice President,
Corporate Finance
Director's Title:
Business Address:
City:
State:
ZIP Code:
- 15 Full Name: Gary A. Norcross
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address:
City:
State:
ZIP Code:
- 16 Full Name: Michael L. Gravello
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address:
City:
State:
ZIP Code:

Delaware

The First State

PAGE 1

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OCT 25 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME ASSOCIATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

0948618 8300

101008964

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8298210

DATE: 10-19-10