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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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2022 JUN 23 AM 8:15

FOREIGN PROFIT/NONPROFIT CORPORATION
MERCHANT RISK COUNCIL, INC.

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help P. LEMIEUX

JUN 24 2022

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Merchant Risk Council, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. New York 3. 13-4142147
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/2000 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 6/16/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 600 Stewart St Su 720 Seattle WA 98101
(Principal office street address)

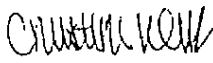
2121 Lohmans Crossing Rd Su 504-127 Lakeway TX 78734
(Current mailing address, if different)

8. We are a 501(c) 6 trade association offering membership and education to eCommerce Fraud and Payment specialists.
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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.

By C T Corporation System  Christine Keim
Assistant Secretary
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Trevor Nies

Vice Chairman Address: 600 STEWART ST STE 720 SEATTLE WA 98101

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Jason Pavona

Vice Chairman Address: 600 STEWART ST STE 720 SEATTLE WA 98101

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Tina VanBrunt

Vice Chairman Address: 600 STEWART ST STE 720 SEATTLE WA 98101

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Julie Ferguson, CEO

Vice Chairman Address: 600 STEWART ST STE 720 SEATTLE WA 98101

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Julie Lynch

Vice Chairman Address: 600 STEWART ST STE 720 SEATTLE WA 98101

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: Controller Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

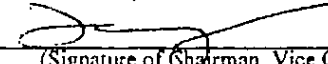
President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Julie Lynch, Controller

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MERCHANT RISK COUNCIL, INC.
DOS ID Number: 2564661
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/18/2000

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on June 02, 2022 at 01:04 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By: Brendan C. Hughes
Executive Deputy Secretary of State

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