

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001449

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC0608497504**

**Entity Name:** CRANE PAYMENT INNOVATIONS, INC.

**Current Principal Place of Business:**

3222 PHOENIX PIKE SUITE 200  
MALVERN, PA 19355

**Current Mailing Address:**

C/O CRANE CO.  
100 FIRST STAMFORD PLACE 4TH FLOOR EAST  
STAMFORD, CT 06902 US

**FEI Number:** 22-2854526

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR

Name GALLO, KURT F.

Address 3222 PHOENIXVILLE PIKE  
SUITE 200

City-State-Zip: MALVERN PA 19355

Title VICE PRESIDENT, FINANCE & CFO

Name SHERWOOD, RAYMOND C

Address 3222 PHOENIXVILLE PIKE  
SUITE 200

City-State-Zip: MALVERN PA 19355

Title VP GENERAL COUNSEL, SECRETARY

Name D'ORIO, ANTHONY M

Address C/O CRANE CO.  
100 FIRST STAMFORD PLACE 4TH  
FLOOR EAST

City-State-Zip: STAMFORD CT 06902

Title ASSISTANT TREASURER

Name PASSARELLI, SINA A

Address 100 FIRST STAMFORD PLACE  
4TH FLOOR EAST

City-State-Zip: STAMFORD CT 06902

Title ASSISTANT TREASURER, ASSISTANT  
SECRETARY

Name ALLADEEN, NASRUDEEN

Address C/O CRANE CO.  
100 FIRST STAMFORD PLACE 4TH  
FLOOR EAST

City-State-Zip: STAMFORD CT 06902

Title DIRECTOR

Name MITCHELL, MAX H

Address C/O CRANE CO.  
100 FIRST STAMFORD PLACE 4TH  
FLOOR EAST

City-State-Zip: STAMFORD CT 06902

Title DIRECTOR

Name MAUE, RICHARD A

Address C/O CRANE CO.  
100 FIRST STAMFORD PLACE 4TH  
FLOOR EAST

City-State-Zip: STAMFORD CT 06902

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SINA A PASSARELLI

**ASSISTANT TREASURER 04/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date