# 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000001449

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

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

	Title	PRESIDENT	Title	VICE PRESIDENT
	Name	GALLO, KURT F.	Name	SHERWOOD, RAYMOND C
	Address	3222 PHOENIXVILLE PIKE SUITE 200	Address	3222 PHOENIXVILLE PIKE SUITE 200
	City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355
	Title	SECRETARY	Title	ASSISTANT TREASURER
	Name	DUPONT. AUGUSTUS I	Name	PASSARELLI. SINA A
		,		
	Address	100 FIRST STAMFORD PLACE 4TH FLOOR EAST	Address	100 FIRST STAMFORD PLACE 4TH FLOOR EAST
	Address City-State-Zip:		Address City-State-Zip:	100 FIRST STAMFORD PLACE

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 04/08/2016

Electronic Signature of Signing Officer/Director Detail

FILED Apr 08, 2016 Secretary of State CC7990882922

Date

Date