

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2020
Secretary of State
2746334798CC

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	Title	VICE PRESIDENT, FINANCE & CFO
Name	BAUWE, JAN-HINRIK	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	VP GENERAL COUNSEL, SECRETARY	Title	ASSISTANT TREASURER
Name	D'ORIO, ANTHONY M	Name	PASSARELLI, SINA A
Address	C/O CRANE CO. 100 FIRST STAMFORD PLACE 4TH FLOOR EAST	Address	100 FIRST STAMFORD PLACE 4TH FLOOR EAST
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902
Title	ASSISTANT TREASURER, ASSISTANT SECRETARY	Title	DIRECTOR
Name	ALLADEEN, NASRUDEEN	Name	MITCHELL, MAX H
Address	C/O CRANE CO. 100 FIRST STAMFORD PLACE 4TH FLOOR EAST	Address	C/O CRANE CO. 100 FIRST STAMFORD PLACE 4TH FLOOR EAST
City-State-Zip:	STAMFORD CT 06902	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: NASRUDEEN ALLADEEN

ASSISTANT TREASURER 04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date