## 2017 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 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Date

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT

Name GALLO, KURT F. Name SHERWOOD, RAYMOND C

Address 3222 PHOENIXVILLE PIKE Address 3222 PHOENIXVILLE PIKE

SUITE 200 SUITE 200

MALVERN PA 19355 City-State-Zip: MALVERN PA 19355 City-State-Zip:

Title SECRETARY Title ASSISTANT TREASURER DUPONT, AUGUSTUS I Name Name PASSARELLI, SINA A

Address 100 FIRST STAMFORD PLACE Address 100 FIRST STAMFORD PLACE

4TH FLOOR EAST 4TH FLOOR EAST

City-State-Zip: STAMFORD CT 06902 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

03/03/2017

**FILED** Mar 03, 2017

**Secretary of State** 

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