2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 825623** May 12, 2000 8:00 am Secretary of State 1. Entity Name THE NATIONAL CASH REGISTER COMPANY 05-12-2000 90011 014 ***150.00 Principal Place of Business Mailing Address C/O NCR CORPORATION, TAXES C/O NCR CORPORATION, TAXES 1700 S PATTERSON BLVD 1700 S PATTERSON BLVD DAYTON OH 45479 **DAYTON OH 45479-0001** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2671021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HOAK, J. S STREET ADDRESS STREET ADDRESS 1700 S PATTERSON BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45479 TITLE Change ☐ Addition TITLE VSD ☐ Delete NAME NAME NYQUIST, L.K. STREET ADDRESS STREET ADDRESS 1700 S PATTERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45479 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Johnsen, K. D STREET ADDRESS STREET ADDRESS 1700 S. PATTERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45479 X Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME JANIK, MA STREET ADDRESS STREET ADDRESS 1700 S. PATTERDSON BLVD. 1700 S. PATTERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45479 ☐ Change Addition AΤ □ Delete TITLE NAME SHEERS, MP NAME STREET ADDRESS STREET ADDRESS 1700 S PATTERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45479 Delete TITLE ☐ Change ☐ Addition TITLE AT NAME COBURN, QJ NAME STREET ADDRESS STREET ADDRESS 1700 S PATTERSON BLVD. CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAYTON OH 45479

Matthew P: Sheers

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

937-445-2434

Date

Daytime Phone #