

Document Number Only

395000000203

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

900001508369
-06/08/95--01047--004
*****35.00 *****35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 1:17

Giesecke : Divergent Systems L.P., Limited Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name	
Availability	BN
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

6/2/95
5/26/95
3:00
6/2/95
C. TAX FILING 52.50
R. AGENT FEE 35.00
C. COPY
TOTAL 87.50
N. BANK
BALANCE DUE

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

File 2nd

900001508369
-06/08/95--01047--005
*****52.50 *****35.00

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE
95 JUN -2 PM 1:11

1. Giesecke & Devrient Systems L.P., Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. August 2, 1990
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Kevin J. Gallagher
(Officer must sign on this line)
Kevin J. Gallagher, Assistant Vice President
(Type Name and Title of Officer)

8. The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Giesecke & Devrient America, Inc.

SPECIFIC ADDRESS

11419 Sunset Hills Road, Reston, VA 22090

10. Giesecke & Devrient Systems L.P., 11419 Sunset Hills Road, Reston, VA 22090
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 11419 Sunset Hills Road, Reston, VA 22090
(Mailing Address of Limited Partnership)

This 16 day of May, 19 95.

Mark A. Kisman
General Partner
Giesecke & Devrient America, Inc.

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 16th day of May, 19 95, by MARK A. KISMAN (Name of General Partner) of Giesecke & Devrient Systems LP. (Name of Limited Partnership), a STATE (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Kathleen S. Hagney
Notary Public
State of Virginia at Large

(SEAL)

My Commission Expires:

3/31/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 1:18

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Giesecke & Devrient America, a general partner of Giesecke & Devrient Systems L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0

This 16 day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

[Signature]
Giesecke & Devrient America, Inc.

STATE OF VIRGINIA
COUNTY OF FAIRFAX
DATE May 16, 1995

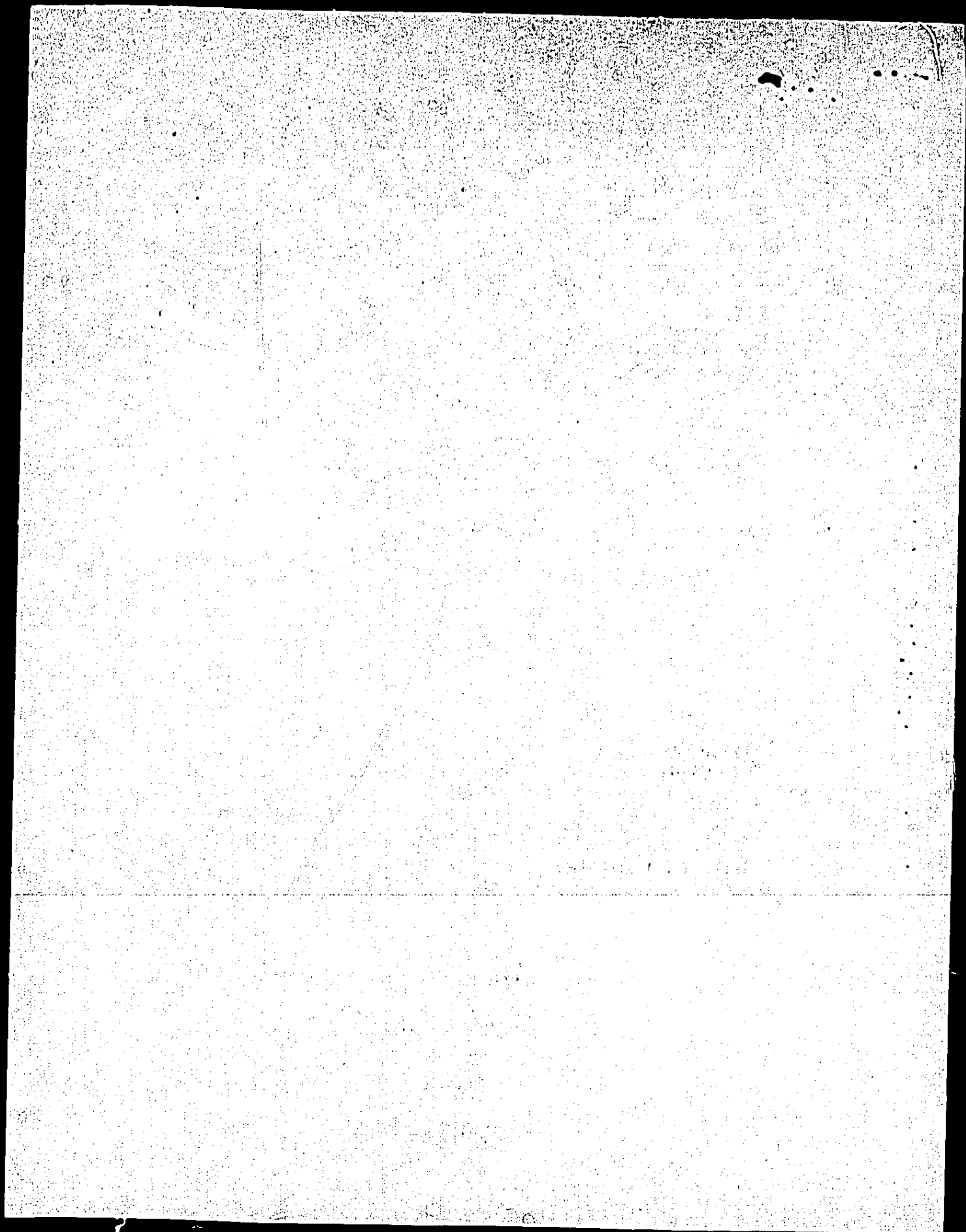
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Mark A. Kissma (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 16th day of May, 1995.

[Signature]
Notary Public

Seal

State of VIRGINIA at Lynchburg
My Commission Expires:
3/31/00



FILE ON OR BEFORE DEC 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000203

GIESECKE & DEVIEN SYSTEMS L.P. LIMITED
PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. ~~888881702178~~
-01/31/96--01020--001
City, State & Zip ~~****191.25 ****191.25~~

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 1771 KSA 6071
City, State & Zip

Mailing Address

11419 SUNSET HILLS ROAD
RESTON VA 22090

Principal Office Address

THE CORPORATION TRUST COMPANY
1200 ORANGE STREET
WILMINGTON DE 19801

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA 06/02/1985

3a. Date of Last Report
N/A

4. State or Country of Formation
DE

5a. Capital Contributions as Shown
on Record \$0.00

5b. Amount of Capital Contributions in
FLORIDA to date 0

6. FEI Number
54-1565506

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$1.375 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

191.25

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1300 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers.)

11b. City, State & Zip Code

11c. Registration/
Document Number

GIESECKE & DEVIEN AMERICA,

11419 SUNSET HILLS RD

RESTON VA 22090

FB60000002000

AR - \$52.50
SF - \$138.75

1-30-96

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is used exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/15/95

Typed or Printed Name of General Partner Signing Form

MARK KISSMAN

Telephone Number

(703) 789-5828