

F000 00003966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

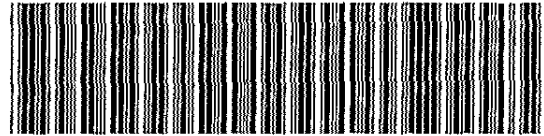
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/15/07--01023--020 **35.00

FILED
2001 OCT 15 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BISYS Fund Services Ohio, Inc
(Name of Corporation)

DOCUMENT NUMBER: F00000003966

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Rogan

(Name of Contact Person)

Citi Fund Services Ohio, Inc

(Firm/Company)

3435 Stelzer Rd

(Address)

Columbus, OH 43219

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Rogan

(Name of Contact Person)

at (614) 428-3284

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F00000003966

(Document number of corporation (if known))

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TALLAHASSEE, FLORIDA

1. BISYS Fund Services Ohio, Inc

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. 7/13/2000

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8/1/2007

5. Citi Fund Services Ohio, Inc

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

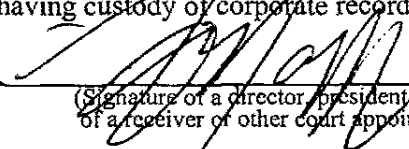
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

* 
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Fred Naddaff

(Typed or printed name of person signing)

President

(Title of person signing)

200721400296

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/02/2007	200721400296	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50 00	100 00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

732604

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CITI FUND SERVICES OHIO, INC.

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200721400296



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of August, A.D. 2007.

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☒ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☐ No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE PRINT PROVISIONS <input checked="" type="checkbox"/> Amendment (125-AMOS)	(2) Domestic Nonprofit <input type="checkbox"/> Amended (128-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation BISYS Fund Services Ohio, Inc.

Charter Number 732604

Name of Officer Michael Omer

Title Secretary

☐ Please check if additional provisions attached

The above named Ohio corporation, does hereby certify that:

☐ A meeting of the ☐ shareholders ☐ directors (nonprofit amended articles only)

☐ members was duly called and held on _____
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

☒ In a writing signed by all of the ☒ shareholders ☐ directors (non-profit amended articles only)

☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked. If an amendment box is checked, complete the areas that apply.	
FIRST:	The name of the corporation is: <u>Citi Fund Services Ohio, Inc.</u>
SECOND:	The place in the State of Ohio where its principal office is located is in the City of _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (city, village or township) (county) </div>
THIRD:	The purposes of the corporation are as follows: <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
FOURTH:	The number of shares which the corporation is authorized to have outstanding is _____ (Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See Instructions)

Authorized Representative

Michael O'Neil
 (Print Name)
 Secretary

August 1, 2007

Date

Authorized Representative

(Print Name)

Date