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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-04 MRB

DOCUMENT # F00000006158

1. Corporation Name

Facservices, Inc.

2. Principal Office Address		3. Mailing Office Address	
1901 North Glenville Dr.		1901 North Glenville Drive	
Suite, Apt. #, etc. Suite 702		Suite, Apt. #, etc. Suite 702	
City & State Richardson, TX		City & State Richardson, TX	
Zip 75081	Country USA	Zip 75081	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/03/2000

5. FEI Number: 75-2623098 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Special Asst. Secretary Date: 9/9/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 09/08/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jennifer Y. Han, Vice President

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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D/VP	Jennifer Y. Han	One Centennial Avenue	Piscataway/NJ/08855
D/EVP	J. Paul McGrath	One Centennial Avenue	Piscataway/NJ/08855
VICE CEO/P/S/T	Robert W. Goodreau	1901 North Glenville Dr. Suite 702	Richardson/TX/75081
CEO	Jimmie L. Mayhew	1901 North Glenville Dr. Suite 702	Richardson/TX/75081
EVP	W. Craig Kissel	One Centennial Avenue	Piscataway/NJ/08855
EVP	R. Scott Massengill	One Centennial Avenue	Piscataway/NJ/08855
VP	Nicholas A. Anthony	One Centennial Avenue	Piscataway/NJ/08855
VP	John Conover	One Centennial Avenue	Piscataway/NJ/08855
Asst. Tr.	Marilyn A. Gargano	One Centennial Avenue	Piscataway/NJ/08855

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

FACSERVICES, INC.

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