

CT CORPORATION SYSTEM

# F01000002155

CORPORATION(S) NAME

Wincor Nixdorf Inc.

01 APR 23 PM 1:49  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

3

<input checked="" 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 checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In		<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
01 APR 23 AM 11:28  
TO KNOWLEDGE  
OFFICE OF FILING

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/23/01

Order#: 3936814

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

B/c  
4/23

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-04/23/01--01104--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Wincor Nixdorf Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 74-2992654  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/25/1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2400 Grand Avenue Parkway, Suite 103, Austin, TX 78728  
(Principal office address)

same

(Current mailing address)

Distributorship for point of sale equipment and atms.

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: \_\_\_\_\_

C T Corporation System

(Registered agent's signature)

**Michael E. Jones**  
**Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Karl Heinz Stiller

Address: 2400 Grand Avenue Parkway, Suite 103

Austin, TX 78728

Vice President: Pietro Parravicini

Address: 2400 Grand Avenue Parkway, Suite 103

Austin, TX 78728

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Eckard Heidloff

Address: 2400 Grand Avenue Parkway, Suite 103 Austin, TX 78728

SEE ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeff Soisson

(Typed or printed name and capacity of person signing application)

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**Officers & Directors**

1. Full Name: Pietro Parravicini  
Officer/Director: Officer, Director  
Officer's Title: Vice President  
Business Address: 2400 Grand Avenue Parkway, Suite 103  
City: Austin  
State: TX  
ZIP Code: 78728
2. Full Name: Jeff Soisson  
Officer/Director: Officer, Director  
Officer's Title: Vice President  
Business Address: 2400 Grand Avenue Parkway, Suite 103  
City: Austin  
State: TX  
ZIP Code: 78728
3. Full Name: Scott Hackl  
Officer/Director: Officer, Director  
Officer's Title: Vice President  
Business Address: 2400 Grand Avenue Parkway, Suite 103  
City: Austin  
State: TX  
ZIP Code: 78728
4. Full Name: Eckard Heidloff  
Officer/Director: Officer, Director  
Officer's Title: Treasurer  
Business Address: 2400 Grand Avenue Parkway, Suite 103  
City: Austin  
State: TX  
ZIP Code: 78728
5. Full Name: Karl Heinz Stiller  
Officer/Director: Officer, Director  
Officer's Title: President/ Director  
Business Address: 2400 Grand Avenue Parkway, Suite 103  
City: Austin  
State: TX  
ZIP Code: 78728

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*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINCOR NIXDORF INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
01 APR 23 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2948454 8300

AUTHENTICATION: 1086359

010187012

DATE: 04-18-01