

FOI 000004109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

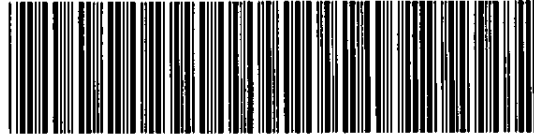
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2016 MAY 19 A 11:32

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DEPARTMENT OF STATE
16 MAY 19 AM 11:13

XNEMWET J.
9102 02 AM

(Handwritten signature)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 147167 7569239

AUTHORIZATION :

COST LIMIT : \$35.00

[Signature]

ORDER DATE : May 18, 2016

ORDER TIME : 9:42 AM

ORDER NO. : 147167-210

CUSTOMER NO: 7569239

FOREIGN FILINGS

NAME: HEARTLAND PAYMENT SYSTEMS,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heartland Payment Systems, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F01000004109

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pauline Boyle, Corporate Paralegal

(Name of Person)

Heartland Payment Systems, LLC

(Firm/Company)

300 Carnegie Center, Suite 300

(Address)

Princeton NJ 08540

(City/State and Zip code)

For further information concerning this matter, please call:

Pauline Boyle

at (267) 808 8752

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 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
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Heartland Payment Systems, Inc.

(Name of Corporation)

F01000004109

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

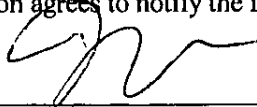
300 Carnegie Center, Suite 300

(Mailing Address)

Princeton NJ 08540

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


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

Honora Moore

(Typed or printed name of person signing)

05/18/16

(Date)

Secretary

(Title of person signing)

FILED
2016 MAY 19 A 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35