

F 01000006523

CCH CORPORATION SYSTEM

CORPORATION(S) NAME

Genpass ATM Solutions, Inc.

0

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 21 AM 8:35

W
12/21

☒ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal
☐ Reinstatement

☐ Mark

☐ Limited Partnership
☐ LLC

☐ Annual Report
☐ Name Registration
☐ Fictitious Name

☐ Other
☐ Change of RA
☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait

☐ After 4:30
☒ Pick Up

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
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Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/21/01

Order#: 4973247

300004736563--7
-12/26/01--01005--006
*****70.00 *****70.00

Ref#: _____

Amount: \$ _____

300004736563--7
-12/26/01--01005--007
*****8.75 *****8.75

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

A CCH LEGAL INFORMATION SERVICES COMPANY

**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. Genpass ATM Solutions, 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

(State or country under the law of which it is incorporated)

3. 52-2286726

(FEI number, if applicable)

4. 12/04/2000

(Date of incorporation)

5. Perpetual

(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. 3988 N. Central Expressway, 5th Floor, Dallas, TX 75204

(Principal office address)

same

(Current mailing address)

Ownership of automated teller machines.

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

(City)

, Florida 33324

(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.

C T Corporation System

BY: Maria Ozaeta

(Registered agent's signature)

Maria Ozaeta
Vice President

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.

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

A. DIRECTORS

Chairman: Bipin C. Shah

Address: 550 Pinetown Rd., Suite 270

Fort Washington, PA 19034

Vice Chairman: _____

Address: _____

Director: Gregory C. Dillett

Address: 550 Pinetown Rd., Suite 270

Fort Washington, PA 19034

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Douglas D. Anderson

Address: 3988 N. Central Expressway, 5th Floor

Dallas, TX 75204

Vice President: Carol S. Fazzone

Address: 3988 N. Central Expressway, 5th Floor

Dallas, TX 75204

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. Carol S. Fazzone, Vice President

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

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

1. Full Name: Douglas D. Anderson
Officer/Director: Officer
Officer's Title: President
Business Address: 3988 N. Central Expressway, 5th Floor
City: Dallas
State: TX
ZIP Code: 75204

2. Full Name: Thomas G. Conner
Officer/Director: Officer
Officer's Title: Asst. Secretary
Business Address: 3988 N. Central Expressway, 5th Floor
City: Dallas
State: TX
ZIP Code: 75204

3. Full Name: Carol S. Fazzone
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 3988 N. Central Expressway, 5th Floor
City: Dallas
State: TX
ZIP Code: 75204

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State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENPASS ATM SOLUTIONS, 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 NINETEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 21 AM 8:35



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3324306 8300

010654191

AUTHENTICATION: 1515567

DATE: 12-19-01