

F0300000 3330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700019149887

FILED

03 JUL -3 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 JUL -3 AM 10:45

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

Bp



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 156987 53500B

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 70.00

03 JUL -3 PM 2:40
FILED
SEAL
TALLAHASSEE, FLORIDA

ORDER DATE : July 2, 2003

ORDER TIME : 9:48 AM

ORDER NO. : 156987-020

CUSTOMER NO: 53500B

CUSTOMER: Ms. Suzanne M. Benevenga
Fiserv, Inc.
255 Fiserv Drive
P O Box 979
Brookfield, WI 53008-0979

FOREIGN FILINGS

NAME: FISERV PAR, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

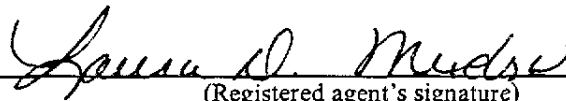
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. Fiserv PAR, 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. Wisconsin 3. 68-0554362
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 12, 2003 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. 255 Fiserv Drive, Brookfield, WI 53045
(Principal office address)
- PO Box 979, Brookfield, WI 53008-0979
(Current mailing address)
8. provider of processing services to credit unions
(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: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.


(Registered agent's signature)

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Leslie M. Muma

Address: 255 Fiserv Drive

Brookfield, WI 53045

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Charles W. Sprague, Secretary

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

List of Officers

Name	Title	Business Address
Leslie M. Muma	President	255 Fiserv Dr. Brookfield, WI 53045
Norman J. Balthasar	Executive Vice President	255 Fiserv Dr. Brookfield, WI 53045
Kenneth R. Jensen	Executive Vice President	255 Fiserv Dr. Brookfield, WI 53045
Douglas J. Craft	Vice President	255 Fiserv Dr. Brookfield, WI 53045
Philip LaRosa	Vice President	255 Fiserv Dr. Brookfield, WI 53045
Thomas A. Neill	Vice President	255 Fiserv Dr. Brookfield, WI 53045
Charles W. Sprague	Secretary	255 Fiserv Drive Brookfield, WI 53045
Philip LaRosa	Treasurer	255 Fiserv Dr. Brookfield, WI 53045
Ruth M. Bauman	Assistant Secretary	255 Fiserv Drive Brookfield, WI 53045
Jennifer M. Duffy	Assistant Secretary	255 Fiserv Drive Brookfield, WI 53045
Caitleen A. Ebacher	Assistant Secretary	255 Fiserv Drive Brookfield, WI 53045
Thomas J. Hirsch	Assistant Secretary	255 Fiserv Dr. Brookfield, WI 53045
John C. Mezzanotte	Assistant Secretary	255 Fiserv Drive Brookfield, WI 53045
Jeffrey Perzan	Assistant Secretary	255 Fiserv Dr. Brookfield, WI 53045
Nancy H. Wedelstaedt	Assistant Secretary	255 Fiserv Dr. Brookfield, WI 53045

FILED
JUL -3 PM 2:40
TALLAHASSEE, FLORIDA

DOM NEW
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

FISERV PAR, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is May 12, 2003.

I further certify that that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on June 30, 2003.

A handwritten signature in black ink, appearing to read 'Ray Allen'.

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read 'Robert Kasio'.