F10000002152

(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:

W1-15958

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03/30/10--01027--015 **78.75

05/06/10--01016--016 **1850.00

FILED
2010 MAY -5 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP
5/5

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2010

NANCY LLOYD
GLOBAL PAYMENTS, INC.
10 GLENLAKE PARKWAY, NORTH TOWER
ATLANTA, GA 30328

SUBJECT: GLOBAL PAYMENTS GAMING SERVICES, INC.
Ref. Number: W10000015958

We have received your document for GLOBAL PAYMENTS GAMING SERVICES, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $1,850.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 910A00007922

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Global Payments Gaming Services, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nancy Lloyd
Name of Person

Global Payments Inc.
Firm/Company

10 Glenlake Parkway, North Tower
Address

Atlanta, GA 30328
City/State and Zip code

nancy.lloyd@globalpay.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Lloyd at (770) 829-8251
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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. Global Payments Gaming Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

3. 58-2496396
(FEI number, if applicable)

4. 9/28/1999
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/2001
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. *6215 W. Howard Street, Niles, IL 60714*
(Principal office address)

Global Payments Gaming Services, Inc.
(Current mailing address)

8. Payment processing in the form of check guarantee/verification and credit card cash advance services
(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 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: Jennifer F. Aultman, Assistant Secretary
(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: James G. Kelly

Address: 10 Glenlake Parkway, North Tower

Atlanta, GA 30328

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: James G. Kelly

Address: 10 Glenlake Parkway, North Tower

Atlanta, GA 30328

Vice President: _____

Address: _____

_____

Secretary: James G. Kelly

Address: 10 Glenlake Parkway, North Tower, Atlanta, GA 30328

Treasurer: James G. Kelly

Address: 10 Glenlake Parkway, North Tower, Atlanta, GA 30328

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. James G. Kelly - President

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

File Number 6069-926-7

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

GLOBAL PAYMENTS GAMING SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 28, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* MARCH *A.D.* 2010 .

Jesse White

SECRETARY OF STATE

Authentication #: 1008301504

Authenticate at: http://www.cyberdriveillinois.com