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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Visu U.S.A. Inc.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$720.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers JUL 08 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Visa U.S.A. 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:

| | |
|--|---|
| Name of Person | 2010 JUL -7 AM 9:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Firm/Company | |
| Address | |
| City/State and Zip code | |
| <u>roross@visa.com</u> E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

_____ at (_____) _____
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

**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. Visa U.S.A. 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. Delaware 3. 94-1721694
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 05/26/1970 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 900 Metro Center Blvd., Foster City, CA 94404
(Principal office address)

same
(Current mailing address)

8. Administers electronic payments network
(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, 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: Naseem A. Conde **NASEEM A. CONDE**
(Registered agent's signature) **SPECIAL ASST. 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.

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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 SEE ATTACHMENT

President: John M. Partridge

Address: P.O. Box 8999

San Francisco, CA 94128-8999

Vice President: _____

Address: _____

Secretary: Joshua R. Flaum

Address: P.O. Box 8999, San Francisco, CA 94128-8999

Treasurer: Richard Laidernan

Address: P.O. Box 8999, San Francisco, CA 94128-8999

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

13. *Ariela St. Pierre*

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

14. Ariela St. Pierre, Assistant Secretary

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

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**Attachment to Florida
Officers & Directors**

- 1 Full Name: Joseph W. Sanders
Officer/Director: Officer
Officer's Title: Chief Executive Officer
Director's Title:
Business Address: P.O. Box 8999
City: San Francisco
State: CA
ZIP Code: 94128-8999
- 2 Full Name: Byron H. Pollitt
Officer/Director: Officer
Officer's Title: Chief Financial Officer
Director's Title:
Business Address: P.O. Box 8999
City: San Francisco
State: CA
ZIP Code: 94128-8999
- 3 Full Name: Ariela St. Pierre
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: P.O. Box 8999
City: San Francisco
State: CA
ZIP Code: 94128
- 4 Full Name: Joseph W. Saunders
Officer/Director: Chairman
Officer's Title: Director
Director's Title:
Business Address: P.O. Box 8999
City: San Francisco
State: CA
ZIP Code: 94128-8999
- 5 Full Name: John Partridge

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Officer/Director: Director
Officer's Title: Director
Director's Title: P.O. Box 8999
Business Address: San Francisco
City: CA
State: 94128-8999
ZIP Code: Byron Pollitt
6 Full Name: Director
Officer/Director: Director
Officer's Title: Director
Director's Title: P.O. Box 8999
Business Address: San Francisco
City: CA
State: 94128-8999
ZIP Code:

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISA U.S.A. 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 SIXTH DAY OF JULY, A.D. 2010.

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

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

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8097009

DATE: 07-06-10