Page 1 of 1

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		Please	e retair	n oridi	nal
10.	Division of Corporations Fax Number : (850)617-6381		of sub		
From:			. •		
	Account Name : C T CORPORATIO	ON SYSTEM	l		
	Account Number : FCA000000023 Phone : (850)222-1092				
	Fax Number : (850)878-5368				
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Electronic Filing Menu

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Help

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Corporate Filing Menu

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MasterCard International Incorporated	
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	
MasterCard International Incorporated	•
Firm/Company 7.5 7	
Address	
SSE 6	
City/State and Zip code	} i
Sally.Chu@mastercard.com ✓ Ξω =	· · ·
E-mail address: (to be used for fitture annual report notification)	_
For further information concerning this matter, please call:	i
, a	
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 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 & S78.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy	

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January 11, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MASTERCARD INTERNATIONAL INCORPORATED

REF: W12000001278

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The total penalty fee for this filing will be \$2,603.75. It's broken down as nonprofit penalty \$1,703.75 and profit penalty \$900.00.

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 filling of your document, please call (850) 245-6913.

Diane Cushing FAX Aud. #: H12000005203
Regulatory Specialist II Supervisor Letter Number: 712A00000685

RE-SUBMIT
Please retain original filing
date of submission ______

P.O BOX 6327 - Tallahassee, Florida 32314

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.

(Enter name of c	entational Incorporated corporation; must include "INCORPORATED, corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	_
(If name unavai)	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid	<u>la)</u>
2. Delaware	3.	95-2536378	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 11/6/1966	5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual	")
6. 12/31/1987 as a	Not-For-Profit Corporation (from 5/25/2006 at	s a For-Profit Corporation)	
	·	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
7 2000 Purchase S	treet, Purchase, New York 10577		
**	(Principal office add	ross)	_
2000 Purchase St	reet, Purchase, New York 10577		
	(Current mailing add	1758)	
To (i) assist in the operations manages.	administration of cortain cardholder benefits program gement, and (ill) to conduct any and all other business t	s, (ii) operate and maintain our regional Latin America/Carlibbean that the company may deem appropriate from time to time.	.12
) of corporation authorized in home state or co	untry to be carried out in state of Plorida)	
9. Name and street	et address of Florida registered agent: (P.O	D. Box NOT acceptable)	JAN -
Name:	C T Corporation System		1-6 P
Office Address:	1200 South Pine Island Road	me 一 元	ا سنگ
	Plantation	Florida 33324 (Zip code)	
	(City)	(Zip code)	7 07
Having been nam designated in this further agree to c	application, I hereby accept the appulate	ce of process for the above stated corporation at the sent as registered agent and agree to act in this ca elative to the proper and complets performance of sition as registered agent.	pacity. I
Ву:	Comia Buran	Connie Bryan	
_	(Registered agent's signature)	Sistant Secretory	
		not more than 90 days prior to delivery of this applificial having custody of corporate records in the jur	

FL019 - 03/01/2011 CT System Clatter

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Richard Haythornthwaite Address: 2000 Purchase Street, Purchase, New York 10577 Vice Chairman: _ Address: Ajay Banga Director: 2000 Purchase Street, Purchase, New York 10577 Director: Mark Schwartz 2000 Purchase Street, Purchase, New York 10577 2000 Purchase Street, Purchase, New York 10577 **B. OFFICERS** President: Ajay Banga Address: 2000 Purchase Street, Purchase, New York 10577 Vice President: ___ Address: Secretary: Noah J. Hanft Address: 2000 Purchase Street, Purchase, New York 10577 Treasurer: Sachin Mehra Address: 2000 Purchase Street, Purchase, New York 10577 NOTE: If nocestary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Craig R. Brown, Assistant Corporate Secretary

PL019 - 03/01/2011 C'l'System Deline

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

ADDENDUM TO ITEM B OFFICERS

Assistant Corporate Secretary: Craig R. Brown

Address: 2000 Purchase Street, Purchase, New York 10577

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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 "MASTERCARD INTERNATIONAL INCORPORATED" 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 THIRD DAY OF JANUARY, A.D. 2012.

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.

12 JAN -6 PN 2: 07
SECRETARY OF STATE

0648928 8300

120003658

You may verify this certificate unline at corb, dalaware.gov/authyor.shtml

AUTHENTICATION: 9267641

DATE: 01-03-12

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