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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000105003 3)))



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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
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TALLAHASSEE, FLORIDA

****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 PRONET SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08 ¹⁰
Estimated Charge	\$70.00

(11)

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***RE-SUBMIT**

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MRS 6/3/13
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Corporate Filing Menu

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May 23, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: FIS PRONET SOLUTIONS, INC.
REF: W13000030146

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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000105003
Letter Number: 913A00013013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ProNet Solutions, 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

Firm/Company

Address

City/State and Zip code

wanda.smith@fisglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Smith at (904) 438-6221
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. ProNet Solutions, Inc.

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

FIS ProNet Solutions, Inc.

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

2. Arizona

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

3. 86-0841453

(FEI number, if applicable)

4. 11/14/1996

(Date of Incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 4313 East Cotton Center Blvd. Suite 120, Phoenix, AZ 85040

(Principal office address)

601 Riverside Ave., Jacksonville, FL 32204

(Current mailing address)

8. SEE ATTACHMENT

(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: CT 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.

CT Corporation System

By: 

(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.

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TALLAHASSEE, FLORIDA

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: Richard A. Levy

Address: 601 Riverside Ave.

Jacksonville, FL 32204

Vice President: Marcelo de Oliveira Annarumma

Address: 601 Riverside Ave.

Jacksonville, FL 32204

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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. _____

Michael P. Oatis, Corp. EVP, General Counsel & Corp Sec

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Purpose Clause**

ProNet Solutions is a leading provider of technology management solutions for community banks.

Officers & Directors

- 1 **Full Name:** Ram V. Chary
 Officer/Director: Officer
 Officer's Title: Executive Vice President - Global Commercial Services

 Director's Title:
 Business Address: 601 Riverside Ave.
 City: Jacksonville
 State: FL
 ZIP Code: 32204
- 2 **Full Name:** Anthony Jabbour
 Officer/Director: Officer
 Officer's Title: Executive Vice President - Financial Solutions

 Director's Title:
 Business Address: 601 Riverside Ave.
 City: Jacksonville
 State: FL
 ZIP Code: 32204
- 3 **Full Name:** Mark Philip Davey
 Officer/Director: Officer
 Officer's Title: Executive Vice President, International

 Director's Title:
 Business Address: 601 Riverside Ave.
 City: Jacksonville
 State: FL
 ZIP Code: 32204
- 4 **Full Name:** Ann Vasileff
 Officer/Director: Officer
 Officer's Title: Senior Vice President and Tax Officer

 Director's Title:
 Business Address: 601 Riverside Ave

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TALLAHASSEE, FLORIDA

	City:	Jacksonville Ave
	State:	Florida
	ZIP Code:	32204
5	Full Name:	Kirk T Larsen
	Officer/Director:	Officer
	Officer's Title:	Corporate Senior Vice President and Treasurer
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204
6	Full Name:	Jason L. Couturier
	Officer/Director:	Officer
	Officer's Title:	Vice President and Assistant Treasurer
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204
7	Full Name:	Debra H Burgess
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204
8	Full Name:	Michael P. Oates
	Officer/Director:	Officer
	Officer's Title:	Corporate Executive Vice President, General Counsel and Corporate Secretary
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville

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TALLAHASSEE, FLORIDA

	State:	FL
	ZIP Code:	32204
9	Full Name:	Gary A. Norcross
	Officer/Director:	Officer
	Officer's Title:	Chief Operating Officer and President
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204
10	Full Name:	Marc M. Mayo
	Officer/Director:	Officer
	Officer's Title:	Senior Vice President, Deputy General Counsel and Assistant Corporate Secretary
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	Florida
	ZIP Code:	32204
11	Full Name:	James W. Woodall
	Officer/Director:	Officer
	Officer's Title:	Corporate Executive Vice President, Chief Financial Officer
	Director's Title:	
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204
12	Full Name:	Gary A. Norcross
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL

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TALLAHASSEE, FLORIDA

13	ZIP Code:	32204
	Full Name:	Michael P. Oates
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	601 Riverside Ave.
	City:	Jacksonville
	State:	FL
	ZIP Code:	32204

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that:

*****PRONET SOLUTIONS INC.*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on November 14, 1996.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-122, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 26th Day of April, 2013, A.D.




Jodi A. Jerich, Executive Director

By: _____

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