Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

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

Email Address:_

3

FOREIGN PROFIT/NONPROFIT CORPORATION CSG FORTE PAYMENTS, INC.

Certificate of Status	0
Certified Copy	1
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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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.

ble in Florida, enter alternate com	porate name adopted for the purpose of transacting	business in Florid	<u>a)</u>
	33-0903620		
under the law of which it is inco	rporated) (FBI number, if app	olicable)	
018	5		
	(Date of duration, if other	than perpetual)	
1			
		ty)	
Drive, Suite 200 Allen, TX 7501.	3		_
	(Principal office address)		
(Current mailing address, if different)		OCT I	
	agent: (P.O. Box NOT acceptable)	ενες = ΕΝ =	} ********
C T Corporation System			g i
1200 South Pine Island Road		9: 5	
Plantation	- Florida 33324		
(City)	(Zip.code)		
ed as registered agent and to application, I hereby accept to omply with the provisions of a amiliar with and accept the o	he appointment as registered agent and agr ill statutes relative to the proper and comple bligations of my position as registered agent	ee to act in this c te performance o	apacity.
	of incorporation) (Date first transacte (SEE SECTIONS 607.13 Drive, Suite 200 Allen, TX 7501 (Contaction System 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to application, I hereby accept to omply with the provisions of Camiliar with and accept the o	gunder the law of which it is incorporated) (FBI number, if application) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability orive, Suite 200 Allen, TX 75013 (Principal office address) (Current mailing address, if different) (City) (y under the law of which it is incorporated) (FBI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Drive, Suite 200 Allen, TX 75013 (Principal office address) (Current mailing address, if different) (Current mailing address, if different) (C T Corporation System 1200 South Pine Island Road Plantation (City) The date of the appointment as registered agent and agree to act in this comply with the provisions of all stantes relative to the proper and complete performance of amiliar with and accept the obligations of my position as registered agent. C T Corporation System Michael E. Jones, Asst. Secy.

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTU			
Chairman: See	disciper		
\ddress:			
/ica Chairman:			
Address:			
Di rec tor:		,	
Address:			
Disector:			
Address:			
B. OFFICER			
President: Sec	attached		
Address:			
		33	
		130	•
		19	P
Address:		<u> </u>	TY
		<u>∓</u> -	·
Secretary:		- S	
Address:	7		
Treasurer:			
Address:			
NOTE: If nac	essay, you may attach an addendum to the application listing additional officers and/or d	irectors.	
12	Signature of Director or Officer		
The officer	director signing this document (and who is listed in number 11 above) affirms that the fac	ts stated	harein
	at he or she is aware that false information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	State co:	ustitutes
	horness, President		
٠٠٠	(Typed or printed name and capacity of person signing application)		

DIRECTORS:

Bret C. Griess

Address: 6175 Willow Avenue Greenwood Village, CO 80111

Gregory L. Cannon

Address: 6175 Willow Avenue Greenwood Village, CO 80111

Jeffrey Thorness

Address: 500 W. Bethany Drive Suite 200 Allen, TX 75013

OFFICERS:

Jeffrey Thorness Address: 500 W. Bethany Drive Suite 200 Allen, TX 75013

Rolland B. Johns Address: 6175 Willow Avenue Greenwood Village, CO 80111

Gregory L. Cannon Address: 6175 Willow Avenue Greenwood Village, CO 80111

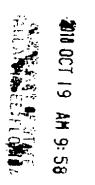
David N. Schaaf
Address:
6175 Willow Avenue
Greenwood Village, CO 80111

President

Chief Financial Officer

Secretary

Assistant Secretary



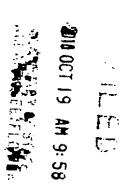
Ronald M. Lambert Address: 6175 Willow Avenue Greenwood Village, CO 80111 **Assistant Secretary**

Jeffrey Wingert Address: **Assistant Secretary**

6175 Willow Avenue Greenwood Village, CO 80111

Bruce Kruger Address: 6175 Willow Avenue Greenwood Village, CO 80111 **Assistant Secretary**

Jeffrey Kump Address: 500 W. Bethany Drive Suite 200 Allen, TX 75013 Assistant Secretary



Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CSG FORTE PAYMENTS, 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 EIGHTEENTH DAY OF OCTOBER, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSG FORTE PAYMENTS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

7035294 8300 SR# 20187209304

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

Authentication: 203638294

Date: 10-18-18