

# F980000003188

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CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

**CORPORATION(S) NAME**

400002549064--6  
-06/05/98--01071--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

ATM Solutions, Inc.

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☐ Limited Partnership  
☐ Annual Report  
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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. ATM SOLUTIONS, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Kentucky  
(State or country under the law of which it is incorporated)
3. Applied For  
(FEI number, if applicable)
4. March 3, 1996  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. The Company expects to transact business in late June 1998  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 551 Northland Boulevard, Cincinnati, Ohio 45240  
(Current mailing address)
8. (1) sales, service and maintenance of automatic teller machines and  
(2) for all other purposes authorized by law  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: C T CORPORATION SYSTEM  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

Susan J. Metze  
(Registered agent's signature) (Officer)

**Susan J. Metze**  
**Assistant Secretary**

(Type Name and Title of Officer)

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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 addresses of officers and/or directors:

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Lester R. Jones  
Address: 551 Northland Boulevard  
Cincinnati, Ohio 45240

Director: David Scott  
~~Vice Chairman~~  
Address: 1030 Market Street  
Henderson, Kentucky 42420

Director: Paul J. Scott  
Address: 1030 Market Street  
Henderson, Kentucky 42420

Director: Neil Scott  
Address: 1030 Market Street  
Henderson, Kentucky 42420

Director: Joe Huff, 1030 Market Street, Henderson, KY 42420

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Lester R. Jones  
Address: 551 Northland Boulevard  
Cincinnati, Ohio 45240

Vice President: None  
Address: \_\_\_\_\_  
\_\_\_\_\_

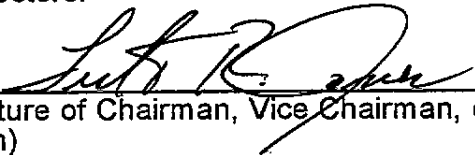
Secretary: Paul J. Scott  
Address: 1030 Market Street  
Henderson, Kentucky 42420

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Treasurer: None

Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lester R. Jones, President  
(Typed or printed name and capacity of person signing application)

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**John Y. Brown III**  
**Secretary of State**  
**Certificate of Existence**

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TALLAHASSEE FLORIDA


I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**ATM SOLUTIONS, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is March 11, 1996 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29<sup>th</sup> day of May, 1998.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky