2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2020
Secretary of State
3809324348CC

DOCUMENT# M15000002327

Entity Name: METAVANTE PAYMENT SERVICES, LLC

Current Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

FEI Number: 61-1478458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	CEO
Name	HAWKINS, SUSAN E
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	MANAGER
Name	HAWKINS, SUSAN E
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	PRESIDENT AND SECRETARY
Name	AHUJA, ARUN M
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	MANAGER
Name	AHUJA, ARUN M
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	VICE PRESIDENT AND TREASURER
Name	FURA, DAVID B.
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARUN M AHUJA — PRESIDENT AND SECRETARY — 05/26/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date