2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002327

Entity Name: METAVANTE PAYMENT SERVICES, LLC

Current Principal Place of Business:

4900 WEST BROWN DEER ROAD
MILWAUKEE, WI 53223

Current Mailing Address:

4900 WEST BROWN DEER ROAD
MILWAUKEE, WI 53223 US

FEI Number: 61-1478458

FILED
Mar 18, 2019
Secretary of State
2509980583CC

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	MANAGER	Title	MANAGER
Name	KRESSE, MICHAEL	Name	MARRACCINI, NORMAN
Address	4900 WEST BROWN DEER ROAD	Address	4900 WEST BROWN DEER ROAD
City-State-Zip:	BROWN DEER WI 53223	City-State-Zip:	MILWAUKEE WI 53223

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: NORMAN MARRACCINI MANAGER 03/18/2019

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