Filing and License Fee: \$310.00 minimum

ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

tne	e tolic	wing statement:			
1.	1. The name of the corporation is Metavante Corporation				
2.	lt is i	ncorporated under the law	s of Wisconsin		
3.	The	name, if different, which it	elects to use in Rho	de Island is:	
	(a)	If the name of the cor "incorporated," or "limite above corporate endings	d," or an abbreviati	on thereof, the	corporation does not contain the word "corporation," "company," on list the name of the corporation with the addition of one of the
	(b)				n set forth below the fictitious name under which the corporation will in the "Fictitious Business Name Statement" to be filed with this
4.	The	date of its incorporation is	11/18/1971		and the period of its duration is Perpetual
Э.	ine	address of its principal oπi	ce in the state or co	untry under the	e laws of which it is incorporated is
4	900	W Brown Deer Road, Bro	wn Deer, Wisconsir	ı, 53223	
6.	The a	address of its proposed re	gistered office in Rh	ode Island is	155 South Main Street, Suite 301
					(Street Address, <u>not</u> P.O. Box)
		Providence (City/Town)	, RI	(Zip Code)	and the name of its proposed registered agent in Rhode Island at
	that a	address is <u>C T Corporat</u>	ion System		
				(Nam	e of Agent)
7	The r	numose or numoses which	it proposes to pure	ue in the trans	action of business in Rhode Island are:
• •			it proposes to para	oo iii tiic tiatis	action of business in tyllode island are.
	SEE	ATTACHMENT			
8.	(a) T	he names and respective	addresses of its dire	ectors (optional	unless directors are required under the laws of the state or country
	of	which it is incorporated).			
			Name		Address
	Di	rector See	attached.		
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Form No. 150 Revised: 12/05 SEP 2.5 20119

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		d respective addresses of its princip of which it is incorporated).	pal officers (mandatory if direc	ctors are not required under the laws of the
	•	<u>Name</u>		Address
	President	See attached.		
	Vice President	. Es allanes.	· · · · · · · · · · · · · · · · · · ·	
	Treasurer			
	Secretary			
9.	The aggregate number and series, if any, wi	per of shares which it has authority to thin a class, is:	o issue, itemized by classes, p	ar value of shares, shares without par value, Par Value or Statement that
	Number of S	hares Class	Series	Shares are without Par Value
	300,000,000	Common		\$0.0100
	20,000,000	Preferred		\$0.0100
			•	
10.	(a) An estimate of \$ 305,89	the value of all property to be o	owned by the corporation for	the following year, wherever located, is
		the value of the corporation's pro	perty to be located within R	Rhode Island during the following year is
	located within thi	is state during the following year bea	ars to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].
11.	a) An estimate of امارات المالية	the gross amount of business to	be transacted by the corp	poration during the following year is
	(b) An estimate of Island during the	the gross amount of business to following year is \$	be transacted by the corporation	on at or from places of business in Rhode
	corporation at or	from places of business in this stat	e during the following year be-	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain
12.	This application is acoupon	companied by a certificate of Good ated.	Standing issued by the proper	officer of the state or country under the laws
13.	This Application for C than the 90 th day afte	ertificate of Authority shall be effect r the date of this filing	ive upon filing unless a specifi	ed date is provided which shall be no later
Date	e: 09/23/2	009	examined this Applicatio any accompanying attacontained herein are true Signature of Autr	horized Officer of the Corporation
			Marie Gardner, Vice Presid Type or Print	Name of Authorized Officer

Attachment to Rhode Island Corporate Purposes

Banking and payment technology solutions for businesses Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation

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Entity Name	Metavante Corporation	
Exported On	9/1/2009 10:24:35 AM CST	

Name of the		THERO E	Accident
Martire, Frank R	President and Chief Executive Officer	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
Bolton, James R	Senior Exective Vice President	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
D'Angelo, Frank	Senior Executive Vice President	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
Hurdis, Brian C	Senior Executive Vice President & Chief Information Officer	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
Oliver, Timothy C	Senior Executive Vice President and Chief Financial Officer	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
Hayford, Michael D	Senior Executive Vice President and Chief Operating Officer	Director	4900 W Brown Deer Road, Brown Deer, Wi 53223
Layden, Donald W Jr.	Senior Executive Vice President, Secretary, Corporate Development, Chief Risk Officer, AML Compliance Officer, and Chief Privacy Officer	Director	4900 W Brown Deer Road, Brown Deer, WI 53223
Gardner, Marie L	Vice President and Assistant Secretary	Officer	4101 W 38th Street, Sioux Falls, SD 57106
Lombardi, Stacey A	Vice President and Assistant Secretary	Officer	4900 W Brown Deer Road, Brown Deer, WI 53223

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

METAVANTE CORPORATION

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 18, 1971.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 24, 2009.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 70222-A195B243



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

