

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0288912.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/15/2025 12:09 PM Fee Receipt: \$20.00

Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN		
Pursuant to the provisions of KRS following statement: 1. The assumed name is:		ssume a name and, for that p	ourpose, submits the
The name of the business entited name:Fidelity Information Services, LI	y (and in the case of general part	nership, the partners) that is/a	re adopting the assumed
Name must be identical to the name	e on record with the Secretary of S	ate.)	
a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statuto a Domestic Limited	I Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association		ility Partnership nership ust ility Company ust
347 Riverside Avenue	Jacksonvill	e Florida	32202
Street Address or Post Office Box I	Numbers Ci	y State	Zip
declare under penalty of perjury Docusigned by: Julia Halpun		e forgoing is true and correct. Vice President & Corporate Secretary	

Printed Name

Title

Date

Authorized Party Signature