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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

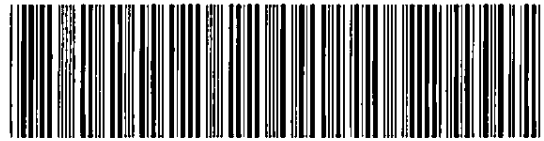
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**OGLETREE, DEAKINS, NASH,
SMOAK & STEWART, P.C.**

Attorneys at Law

Esplanade Center III, Suite 800
2415 East Camelback Road
Phoenix, AZ 85016
Telephone: 602-778-3700
Facsimile: 602-778-3750
www.ogletree.com

Barbara A. Stamm
(520) 575-7446
barbara.stamm@ogletree.com

January 16, 2025

Via FedEx

Registration Section
Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Capital Credit Union Service Corp.
Foreign Corporation Registration

To Whom it May Concern:

This firm represents Capital Credit Union Service Corp. ("CCU"), a state-chartered credit union organized in the state of Wisconsin. CCU has an employee who will soon be working remotely from Florida which necessitates registration with the Division of Corporations.

Enclosed are the following:

- 1) CCU's Application for Authorization to Transact Business in Florida;
- 2) A current Certificate of Good Standing issued by the domicile state of Wisconsin;
- 3) A copy of an email dated 12/16/24 from the Florida Office of Financial Regulations confirming that Capital Credit does not need to provide any application or documentation for determination of permissible use because it will not be operating as a credit union in Florida.
- 4) A check payable to the Florida Department of State in the amount of \$70.00

Please contact the undersigned at the email address or phone number listed at the top of this letter with any questions regarding the enclosed application.

January 16, 2025
Page 2

Very truly yours,

/s/ Barbara A. Stamm

Barbara A. Stamm
Paralegal

/bas:

Enclosures (as stated)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Credit Union Service Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Emily Nichols

Name of Person

Capital Credit Union Service Corp.

Firm/Company

825 Morris Avenue

Address

Green Bay, Wisconsin 54306[2526

City/State and Zip code

HR@capitalcu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Nichols

at (920) 494-4541, Ext. 3228

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Capital Credit Union Service Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-0394240
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/15/1994 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 825 Morris Avenue, Green Bay, Wisconsin 54304-4525
(Principal office street address)

P.O. Box 2526, Green Bay, Wisconsin 54306-2526
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th Street N Suite 300

St. Petersburg, Florida 33702
(City) (Zip code)

FILED 2025 JAN 21 PM 1:11 TALLAHASSEE

9. Registered agent's 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 obligations of my position as registered agent.

Taylor Newman
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Laurie Butz
 Vice Chairman Address: 825 Morris Avenue
 Director Green Bay, WI 54306-2526
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Lisa Huguet
 Vice Chairman Address: 825 Morris Avenue
 Director Green Bay, WI 54306-2526
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other CFO _____ Other _____

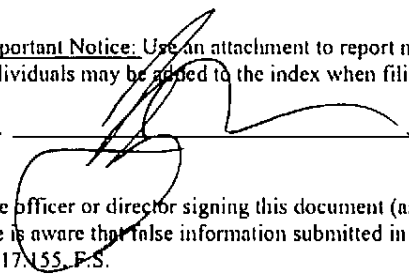
Chairman Name: Ryan Rieth
 Vice Chairman Address: 825 Morris Avenue
 Director Green Bay, WI 54306-2526
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
 Signature of Director or Officer

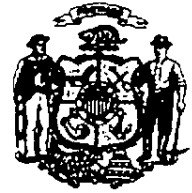
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ryan Rieth, Vice President-Human Resources
 (Typed or printed name and capacity of person signing application)

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CAPITAL CREDIT UNION SERVICE CORP.

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 August 15, 1994.

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, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 06, 2025.

A handwritten signature in black ink that reads "Kristie Pulvermacher".

KRISTIE PULVERMACHER, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: 407098-F3566BC7

From: [Brinkley, Ben](#)
To: [Stamm, Barbara A.](#)
Cc: [Guevara, Jason](#); [Whitehead, Amy](#); [Duncan, Geoffrey](#)
Subject: RE: Capital Credit Union [ODNSS-OGL.048186.000005]
Date: Monday, December 16, 2024 8:06:35 AM
Attachments: [image002.png](#)
[Wisc Letter of Existence \(Dept. of Finance\).pdf](#)

[Caution: Email received from external source]

Barbara,

Based on the information provided in your email, Capital Credit does not need to provide any type of application or documentation for determination of permissible use with the Office of Financial Regulation.

Please let me know if you have additional questions.

Thanks,

Ben F. Brinkley III
Chief, Bureau of Credit Union Regulation
Florida Office of Financial Regulation
200 E. Gaines Street
Tallahassee, Florida 32399-0371
Office: (850) 487-9687, Option 4
Direct: (850) 410-9504



Promoting a safe marketplace for financial success

Please note that pursuant to chapter 119, Florida Statutes, correspondence with the Office of Financial Regulation is considered public record. This correspondence is available to the public upon request unless exempt from disclosure.

From: Stamm, Barbara A. <barbara.stamm@oqletree.com>
Sent: Monday, December 9, 2024 1:57 PM
To: OFR Financial Institutions <OFRFinancialInstitutions@flofr.gov>
Subject: Capital Credit Union [ODNSS-OGL.048186.000005]

This firm represents Capital Credit Union, a state-chartered credit union organized in the state of Wisconsin. The entity is regulated by the Office of Credit Unions, Department of Financial Institutions, and a letter of existence issued by the Wisconsin DFI is attached.

As of January 1, 2025, Capital Credit Union will have an employee working remotely from Florida, which appears to necessitate qualifying with the Division of Corporations and registering with the Department of Revenue to report wages for reemployment tax purposes. The Florida-based employee will be employed as a Deposit Subject Matter Expert whose job duties include, but are not limited to review, tracking and auditing to support front-line deposit account functions. The position may also involve providing education related directly to deposit or specialty accounts. The employee will not be generating loans or conducting any type of financial transactions, and Capital Credit Union will not be operating as a credit union in Florida.

Please let me know if, in addition to qualifying with the Division of Corporations, Capital Credit will need to provide any type of application or documentation for determination of permissible use with the Office of Financial Regulation.

Thank you in advance for your assistance.

Barbara A. Stamm, LTC4 Technology Certified | Paralegal | Ogletree Deakins
Esplanade Center III, 2415 East Camelback Road, Suite 800 | Phoenix, AZ 85016 | Telephone: 520-575-7446
barbara.stamm@ogletree.com | www.ogletree.com

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State of Wisconsin
Department of Financial Institutions

Tony Evers, Governor

Cheryl Olson-Collins, Secretary

June 6, 2024

To Whom It May Concern:

Capital Credit Union is a state-chartered credit union located in Green Bay, WI. It is regulated by the Office of Credit Unions, Department of Financial Institutions.

If you have any questions or need additional information, please contact me at the Office of Credit Unions (608) 261-9543 or DFI-OCU@dfi.wisconsin.gov

Sincerely,

Tom Theune

Thomas Theune
Director, Office Of Credit Unions

