



## RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, COLLEGE STATION ISD - 78175

(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool *Prime*"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool *Prime* and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by all remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool *Prime* account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name: GLYNN WALKER Title: DEPUTY SUPER. BUSINESS & HUMAN RESOURCES

Phone/Fax/Email: 979-764-5411 / 979-764-5472 / GWALKER@CSISD.ORG

Signature: 

2. Name: CLARK EALY Title: SUPERINTENDENT

Phone/Fax/Email: 979-764-5400 / 979-764-5492 / CEALY@CSISD.ORG

Signature: \_\_\_\_\_

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3. Name: CARMELLA SHAFER Title: ACCOUNTING COORDINATOR  
Phone/Fax/Email: 979-764-5404 / 979-694-5618 / CSHAFER@CSISD.ORG  
Signature: *Carmella Shafer*

4. Name: CHRIS NEELY Title: BUDGET COORDINATOR  
Phone/Fax/Email: 979-764-5544 / 979-694-5618 / CNEELY@CSISD.ORG  
Signature: *Christopher Neely*

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name GLYNN WALKER

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name: MYRIAH HATCH Title: ADMINISTRATIVE ASST.  
Phone/Fax/Email: 979-764-5409, 979-764-5492, MMCKINNEY@CSISD.ORG

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

NAME OF PARTICIPANT: \_\_\_\_\_

BY: \_\_\_\_\_

Signature

**VALERIE JOCHEN**

Printed Name

**BOARD PRESIDENT**

Title

ATTEST: \_\_\_\_\_

Signature

**JEFF HARRIS**

Printed Name

**BOARD SECRETARY**

Title

**This document supersedes all prior Authorized Representative designations.**

ORIGINALS REQUIRED

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