



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: MIKE MARTINDALE Title: DEPUTY SUPER. BUSINESS & OPERATIONS
 Phone/Fax/Email: 979-764-5411 / 979-764-5472 / MMARTINDALE@CSISD.ORG
 Signature:

2. Name: CLARK EALY Title: SUPERINTENDENT
 Phone/Fax/Email: 979-764-5400 / 979-764-5492 / CEALY@CSISD.ORG
 Signature:

ORIGINALS REQUIRED

TEX - REP

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: *Chris 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 MIKE MARTINDALE

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: MEGAN BAILEY Title: ACCOUNTING SPECIALIST- REVENUE
Phone/Fax/Email: 979-764-5467/ MBAILEY@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

CAROL BARRETT
Printed Name

BOARD SECRETARY
Title

This document supersedes all prior Authorized Representative designations.

ORIGINALS REQUIRED



 An Investment Service for Public Funds

DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER:	78175	*EFFECTIVE DATE:	
*PARTICIPANT NAME:	COLLEGE STATION ISD		

PART I:	DELETIONS -Please enter the names of the individuals to be deleted as Authorized Representatives.		
	PRINTED NAME		PRINTED NAME
1.	GLYNN WALKER	3.	
2.			Inquiry Only Representative

PART II:	PRIMARY CONTACT -if the person deleted above was the Primary Contact; please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates and other TexPool mailings.		
Name:	MIKE MARTINDALE		
Phone, Fax, Email:	979-764-5411, 979-764-5472, MMARTINDALE@CSISD.ORG		

PART III:	INQUIRY ONLY - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited representative cannot perform transactions.		
Name:	MIKE MARTINDALE		
Phone, Fax, Email:	979-764-5411, 979-764-5472, MMARTINDALE@CSISD.ORG		

*PART IV:	APPROVALS - Please enter the names of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.		
	PRINTED NAME	TITLE	SIGNATURE

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED *REQUIRED FIELDS TEX-REP

TexPool Participant Services • Federated Investors Inc
 1001 Texas Ave., Suite 1400 • Houston, TX 77002 • www.texpool.com
 Phone 1-866-839-7665 • Fax 1-866-839-3291