



RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, TOWN OF ADDISON (LOCATION NUMBER 77333)
(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 RANDOLPH C. MORAVEC Title CHIEF FINANCIAL OFFICER
 Signature [Handwritten Signature] Phone Number 972-450-7050

ORIGINALS REQUIRED

TEX - REP

2. Name Jason Cooley Title STRATEGIC SERVICES MANAGER
 Signature [Signature] Phone Number 972-450-7099
 3. Name Ron Whitehead Title City Manager
 Signature [Signature] Phone Number 972-450-7028
 4. Name _____ Title _____
 Signature _____ Phone Number _____

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 JASON COOLEY
 Email JCOOLEY@ADDISONTX.GOV Fax Number 972-450-7096

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 _____ Title _____

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 24th day MARCH, 2009.

NAME OF PARTICIPANT: TOWN OF ADDISON

BY: [Signature]
 Signature
RON WHITEHEAD
 Printed Name
CITY MANAGER
 Title

ATTEST: [Signature]
 Signature
LEA DUNN
 Printed Name
DEPUTY CITY MANAGER / CITY SECRETARY
 Title

This document supersedes all prior Authorized Representative designations.

ORIGINALS REQUIRED



TEXPOOL

An Investment Service for Public Funds

DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER: 77333 *EFFECTIVE DATE: MARCH 5, 2009

*PARTICIPANT NAME: TOWN OF ADDISON

PART I: DELETIONS -Please enter the names of the individuals to be deleted as Authorized Representatives.

Table with 2 columns: PRINTED NAME. Row 1: 1. BRIAN HOGAN, 3. **Inquiry Only Representative

PART II: APPROVALS - Please enter the names of the individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.

Table with 3 columns: PRINTED NAME, TITLE, SIGNATURE. Row 1: RANDOLPH C. MORAVEC, CHIEF FINANCIAL OFFICER, [Signature]

PART III: PRIMARY CONTACT -If the person deleted above was the Primary Contact; please provide the name of the Authorized Representative listed in Part II that will be the Primary Contact.

Name: RANDOLPH C. MORAVEC

**PART IV: INQUIRY ONLY - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual.

Name:

ORIGINALS REQUIRED

*REQUIRED FIELDS

TEX-REP