



# RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, COPPELL INDEPENDENT SCHOOL DISTRICT, LOCATION #77336

(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 two 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: Kelly Penny Title: CFO  
 Phone/Fax/Email: 214-496-6004/214-496-6047/kpenny@coppellisd.com  
 Signature: *Kelly Penny*

2. Name: Barbara B. Sabedra Title: Director of Accounting  
 Phone/Fax/Email: 214-496-6018/972-393-5450/bsabedra@coppellisd.com  
 Signature: *Barbara B. Sabedra*

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED TEX – REP

3. Name: Kathy Vint Title: Staff Accountant  
Phone/Fax/Email: 214-496-6022/214-496-6047/kvint@coppellisd.com  
Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone/Fax/Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

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 Kelly Penny

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: Vicky Cason Title: Administrative Assistant  
Phone/Fax/Email: 214-496-6006/214-496-6047/vcason@coppellisd.com

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 26<sup>th</sup> day October, 2015.

**Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.**

NAME OF PARTICIPANT: COPPELL INDEPENDENT SCHOOL DISTRICT

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX – REP

TexPool Participant Services • Federated Investors Inc  
1001 Texas Ave., Suite 1400 • Houston, TX 77002 • [www.texpool.com](http://www.texpool.com) • 1-866-839-7665



**Authorized Representative Add Form**

Name of Participant Coppell Independent School District

**Addition of Authorized Representative**

The following officers, officials, or employees of the Participant are hereby designated as Authorized Representatives within the meaning of the Inter-local Agreement (Agreement), with full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool (Lone Star) account from time to time in accordance with the Agreement and the Information Statement and take all other actions deemed necessary or appropriate for the investment of local funds of the Participant:

|                | Rep #1                      | Rep #2 | Rep #3 |
|----------------|-----------------------------|--------|--------|
| Printed Name   | <u>Kathy Vint</u>           | _____  | _____  |
| Title          | <u>Staff Accountant</u>     | _____  | _____  |
| E-mail address | <u>kvint@coppellisd.com</u> | _____  | _____  |
| Signature      | _____                       | _____  | _____  |

In accordance with Lone Star procedures, an Authorized Representative shall promptly notify Lone Star of any changes in who is serving as Authorized Representative.

In addition to the foregoing Authorized Representative, each Investment Officer of Lone Star appointed by the Lone Star Investment Pool Board of Trustees from time to time is hereby designated as an investment officer of the Government Entity and, as such, shall have responsibility for investing the share of Lone Star assets representing local funds of the Government Entity.

PASSED AND APPROVED this 26<sup>th</sup> day of October, 2015.

By: \_\_\_\_\_ By: \_\_\_\_\_

Printed Name, Board President

Printed Name, Board Secretary

State of Texas,

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to  
(name of notary) (name of President and Secretary)

me (or proved to me on the oath of \_\_\_\_\_) or through \_\_\_\_\_ to be the person(s)  
(person providing oath) (identification item)

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

(Personalized Seal)

Notary Public's Signature