



RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, City of Round Rock, Location 78399

(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

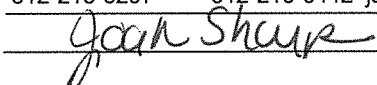
WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

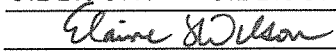
WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool *Prime*"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment 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: Joan Sharp Title: Treasury Accountant
Phone/Fax/Email: 512-218-3297 512-218-5442 jsharp@roundrocktexas.gov
Signature: 

2. Name: Elaine Wilson Title: Accounting Manager
Phone/Fax/Email: 512-218-5444 512-218-5442 ewilson@roundrocktexas.gov
Signature: 

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX – REP

3. Name: Cheryl Delaney Title: Finance Director
Phone/Fax/Email: 512-218-5445 512-218-5442 cdelaney@roundrocktexas.gov
Signature: Cheryl Delaney

4. Name: Jerry Galloway Title: Controller
Phone/Fax/Email: 512-218-5432 512-218-5442 jdg@roundrocktexas.gov
Signature: Jerry Galloway

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 Joan Sharp

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: _____
Phone/Fax/Email: _____

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 ____.

**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: _____

SIGNED: _____

Signature

Printed Name

Title

ATTEST: _____

Signature

Printed Name

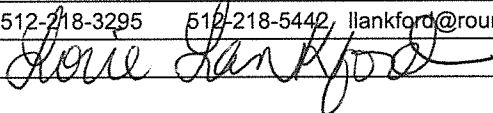
Title

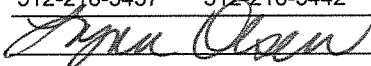
This document supersedes all prior Authorized Representative designations.

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

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1001 Texas Ave., Suite 1400 • Houston, TX 77002 • www.texpool.com • 1-866-839-7665

3. Name: Lorie Lankford Title: Assistant Finance Director
Phone/Fax/Email: 512-218-3295 512-218-5442 llankford@roundrocktexas.gov
Signature: 

4. Name: Lynn Olsen Title: Accountant
Phone/Fax/Email: 512-218-5437 512-218-5442 lolson@roundrocktexas.gov
Signature: 

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Name Joan Sharp

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NAME OF PARTICIPANT: _____

SIGNED: _____

Signature

Printed Name

Title

ATTEST: _____

Signature

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3. Name: Sherri Crone Title: Accounting Supervisor
Phone/Fax/Email: 512-218-5443 512-218-5442 scrone@roundrocktexas.gov
Signature: Sherri Crone

4. Name: Olivia Riley Title: Accounting Manager
Phone/Fax/Email: 512-341-3300 512-218-5442 oriley@roundrocktexas.gov
Signature: Olivia Riley

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Name Joan Sharp

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5. Name: Jo Rikki Ramirez Title: Investment Representative
Phone/Fax/Email: 512-320-5042 512-320-5041 rikki@patterson.net

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 ____.

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SIGNED: _____

Signature

Printed Name

Title

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