RESOLUTION NO.
----------------

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ALLEN, COLLIN COUNTY, TEXAS, AMENDING PRIOR DESIGNATIONS OF INVESTMENT OFFICERS OF THE CITY AND AUTHORIZING INDIVIDUALS TO INVEST FUNDS JOINTLY WITH OTHER TEXAS LOCAL GOVERNMENTS IN TEXSTAR; AND PROVIDING AN EFFECTIVE DATE.

**WHEREAS,** the City of Allen by authority of the Application for Participation in TexSTAR has entered into an Interlocal Agreement and has become a participant in the public funds investment pool created there under known as TexSTAR Short Term Assert Reserve Fund; and,

**WHEREAS**, the Application designated on one or more "Authorized Representatives" within the meaning of the Agreement; and,

**WHEREAS,** the City of Allen now wishes to update a designate the following persons as the "Authorized Representatives" within the meaning of the Agreement.

## NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF ALLEN, COLLIN COUNTY, TEXAS, THAT:

**SECTION 1.** The following officers, officials or employees of the City of Allen specified in this document are hereby designated as "Authorized Representatives" within the meaning of the Agreement, with full power and authority to open accounts, to deposit and withdraw funds, to agree to the terms for use of the website for online transactions, to designate other authorized representatives and to take all other action required or permitted by the City of Allen under the Agreement created by the application, all in the name and on behalf of the City of Allen.

Authorized Representatives. Each of the following Participate officials is designated as the City of Allen's Authorized Representatives authorized to give notices and instructions to the Board in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures.

1.	Name	Eric Ca	nnon	Title	Chief Financial Officer			
	Phone/Fax/	Email 214-509-4627		Fax 214-509-4672	ecannon@cityofallen.org			
	Signature							
2.	Name	Joanne	Stoehr	Title	Assistant Chief Financial Officer			
	Phone/Fax/		214-509-4628	Fax 214-509-4672	jstoehr@cityofallen.org			
	Signature							
3.	Name Steven Glickman			Title	Title Controller			
	Phone/Fax/	Email	214-509-4636	Fax 214-509-4672	sglickman@cityofallen.org			
	Signature							
4.	Name	Tru Ng	uyen	Title Senior Accountant II				
	Phone/Fax/	Email	214-509-4640	Fax 214-509-4672	tnguyen@cityofallen.org			
	Signature							

Primary Contact: List the name of the Authorized Representative listed above that will be designated as the Primary Contact and will receive all TexSTAR correspondence including transaction confirmations and monthly statements.										
Name: E-mai		Cannon, Chief Financial Con@cityofallen.org	<u>Officer</u>	Phone Numb Fax Nu		214-509-4628 214-509-4672				
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										
Phone	/Fax/Email	214-509-4641	Fax 214-5	09-4672	kolson@cityot	fallen.org				
Signat	ure									
SECTION 2. This document supersedes and replaces the City of Allen's previous designation of officers, officials or employees of the City of Allen as Authorized Representatives under the Agreement.  SECTION 3. This Resolution will continue in full force and effect until amended or revoked by the City of Allen and written notice of the amendment or revocation is delivered to the TexSTAR Board.										
SECTION	<b>14.</b> Terms	s used in this Resolution l	have the mear	nings given to	them by the Ap	plication.				
DULY PASSED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF ALLEN, COLLIN COUNTY, TEXAS, ON THIS THE $11^{\rm TH}$ DAY OF JULY 2017.										
Stephen Terrell, MAYOR										
ATTEST:	:									

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Shelley B. George, TRMC, CITY SECRETARY