


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90229 041 \*\*\*150.00

**DOCUMENT # F0100002027**

1. Entity Name  
**MEMO MONEY ORDER COMPANY**



Principal Place of Business      Mailing Address

1029 MUMMA ROAD      1029 MUMMA ROAD  
 WORMLEYSBURG, PA 17043      WORMLEYSBURG, PA 17043

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>25-1602585</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P also Director</b> MCCORKLE, DAVID L 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V also Director</b> BUTLER, TANYA 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST also Director</b> WILBERT, KAREN 1029 MUMMA RD. WORMLEYSBURG, DA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Hans Leyer 1029 Mumma Road Wormleysburg, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tanya Butler *Tanya Butler*      4/27/04      717-731-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #