

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002027

FILED
Mar 26, 2009
Secretary of State

Entity Name: MEMO MONEY ORDER COMPANY, INC.

Current Principal Place of Business:

1029 MUMMA ROAD
WORMLEYSBURG, PA 17043

New Principal Place of Business:

Current Mailing Address:

1029 MUMMA ROAD
WORMLEYSBURG, PA 17043

New Mailing Address:

FEI Number: 25-1602585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCCORKLE, DAVID
Address: 1029 MUMMA ROAD
City-St-Zip: WORMLEYSBURG, PA 17043

Title: P () Delete
Name: BUTLER, TANYA
Address: 1029 MUMMA ROAD
City-St-Zip: WORMLEYSBURG, PA 17043

Title: STD () Delete
Name: WILBERT, KAREN
Address: 1029 MUMMA RD.
City-St-Zip: WORMLEYSBURG, DA 17043

Title: D () Delete
Name: LEYER, HANS
Address: 1029 MUMMA ROAD
City-St-Zip: WORMLEYSBURG, PA 17043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BUTLER, TANYA
Address: 1029 MUMMA ROAD
City-St-Zip: WORMLEYSBURG, PA 17043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WILBERT

_____ Electronic Signature of Signing Officer or Director

SECR

03/26/2009

_____ Date