

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006021 (9)

1. Corporation Name

CHECK-X-CHANGE CORPORATION



Principal Place of Business

Mailing Address

101 E. KENNEDY BLVD
SUITE 3800
TAMPA FL 33602

101 E. KENNEDY BLVD
SUITE 3800
TAMPA FL 33602

2. Principal Place of Business

2a. Mailing Address

21 1231 Greenway Drive

26 1231 Greenway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 800

27 800

City & State

City & State

23 Irving TX

28 Irving TX

24 75038

25 Dallas

29 75038

30 Dallas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, LARRY F
101 E. KENNEDY BLVD
SUITE 8800
TAMPA FL 33602

81 Name CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City Plantation

FL

85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

LANG, LARRY F

3/19/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LANG, LARRY | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |
| TITLE | CEOP | <input type="checkbox"/> DELETE |
| NAME | GOERTZ, ROGER | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GOERTZ, ROGER | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | SEALE, JIMMY | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |
| TITLE | TS | <input checked="" type="checkbox"/> DELETE |
| NAME | MURIN, KAREN | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | PETERS, RON | |
| STREET ADDRESS | 101 E. KENNEDY BLVD, SUITE 3800 | |
| CITY - ST - ZIP | TAMPA FL 33602 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------------|--|
| 1.1 TITLE | CEO, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on |
| 1.2 NAME | Donald H. Neustadt | |
| 1.3 STREET ADDRESS | 1231 Greenway Dr, Suite 800 | |
| 1.4 CITY - ST - ZIP | Irving TX 75038 | |
| 2.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Roger Goertz | |
| 2.3 STREET ADDRESS | 101 E. Kennedy Blvd, Suite 3800 | |
| 2.4 CITY - ST - ZIP | Tampa, FL 33602 | |
| 3.1 TITLE | Vice President, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Raymond E. Mc Carty | |
| 3.3 STREET ADDRESS | 1231 Greenway Dr, Suite 800 | |
| 3.4 CITY - ST - ZIP | Irving TX 75038 | |
| 4.1 TITLE | Secretary, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Thomas E. Larson | |
| 4.3 STREET ADDRESS | 1231 Greenway Dr, Suite 800 | |
| 4.4 CITY - ST - ZIP | Irving TX 75038 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LANG, LARRY F

3/19/96

550-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR TELEPHONE NUMBER

CR2E034 (12/95)