

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000003942 (8)**

1. Corporation Name

**ACE CASH EXPRESS, INC.**



Principal Place of Business

Mailing Address

1231 GREENWAY DRIVE  
SUITE 800  
IRVING TX 75038

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SUITE 800  
IRVING TX 75038

3. Date Incorporated or Qualified <b>08/14/1995</b>	3a. Date of Last Report
4. FEI Number <b>75-2142963</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HEMMIG, RAYMOND C</b>
STREET ADDRESS	<b>1231 GREENWAY DR., STE 800</b>
CITY-STATE-ZIP	<b>IRVING TX</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>NEUSTADT, DONALD H</b>
STREET ADDRESS	<b>1231 GREENWAY DR., STE 800</b>
CITY-STATE-ZIP	<b>IRVING TX</b>
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE
NAME	<b>LARSON, THOMAS E</b>
STREET ADDRESS	<b>1231 GREENWAY DR., STE 800</b>
CITY-STATE-ZIP	<b>IRVING TX</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MCCARTY, RAYMOND E</b>
STREET ADDRESS	<b>1231 GREENWAY DR., STE 800</b>
CITY-STATE-ZIP	<b>IRVING TX</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARTIN III, THOMAS J</b>
STREET ADDRESS	<b>241 SHADY HILL</b>
CITY-STATE-ZIP	<b>RICHARDSON TX</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSE III, EDWARD C</b>
STREET ADDRESS	<b>500 CRESCENT COURT, STE 250</b>
CITY-STATE-ZIP	<b>DALLAS TX</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Director</b>
1.3 STREET ADDRESS	<b>Marshall B. Payne</b>
1.4 CITY-STATE-ZIP	<b>500 Crescent Court, Suite 250</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>Howard W. Davis</b>
2.4 CITY-STATE-ZIP	<b>5430 Ursula Lane</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Raymond C Hemmig*

3/19/96

214-550-5100

CR2E034 (12/95)