# FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600002990 (7) 1. Corporation Name

U.S. MONEY EXPRESS CO.

Principal Place	e of Business	Mailing Address		# 1084/100 till (01/10 8))))   ###############################	ELUL ABIND IIDIO LOKO KOKU SOUL SOU	
3094 N. Milwaukee Ave. CHICAGO IL 60618		3094 NORTH MILWAUKEE AVENUE CHICAGO IL 60818-6611				
		- Carlotte		3. Date Incorporated or Qualified 06/14/1996	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 3105 N. Milwaukee Ave.		26 3105 N. Milwaukee Aye.		36-3888150	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Otty & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23 Chicago, IL		28 Chicago, IL			Added to Fees	
Ζφ <b>24</b> 60618	Country	Zip	Country	8. This corporation has liability for int		
24 50518	25 USA 9. Name and Address of Current	29 60618 30	D USA	Florida Statutes  10. Name and Address of New Regis	Yes U No	
4 000		negistered Agent	81 Name	10, Name and Address of New Hege	stered Agent	
	S DOCUMENT SERVICES INC.		Vi Name			
	W.W. KELLEY ROAD		<b>82</b> Street	ddress (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32311		83			
			63			
			84 City	The state of the s	FL 85 Zip Code	
11. Pursuant I	In the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purporation's board of directors. I hereby accept	pose of changing its registered	
agent La	n famil ar with, and accept the obligat	ions of, Section 607.0505, Floric	da Statutes.	bolation's board of directors, I hereby accept	trie appointment as registered	
SIGNATURE						
	Signative ity est or printed name of registered lage c			required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PCDT	☐ DELETE	1.1 THLE	President	Change Addition	
NAME	KOTABA, WALTER		1.2 NAME	Andrzej Dachman		
STREET ADDRESS	3094 N MILWAUKEE ROAD			3105 N. Milwaukee Avenue	•	
CHY-ST ZIP	CHICAGO IL	L DELETE	1.4 CITY - ST - ZIP	Chicago, IL 60618		
TITLE	VS DOCUENEY IOANINA	L DELETE	2.1 TITLE	Vice President/Secretary	Change Addition	
NAME.	BOCHENEK, JOANNA		2.2 NAME	Joanna Bochenek		
STREET ADORESS	7635 W CATALPA		2.3 STREET ADDRESS	3094 N. Milwaukee Avenue		
CITY-ST-ZIP	CHICAGO IL	DELETE	2. 4 CITY - ST - ZIP	Chicago, Illinois 60618	Change M Addition	
NAME		☐ pretst	3.1 TITLE	Assistant Secretary	Change 🔛 Addition	
STREET ADDRESS			3.2 NAME	Edwin M. Katz		
			3.3 STREET ADDRESS	180 N. LaSalle St., Ste.	3001	
CHY-ST-7IP TITLE		☐ DELETE	3.4. CHTY-ST-ZIP 4.1 TITLE	Chicago, IL 60601	Change Addition	
NAME			4. 2 NAME	·	C overide C vegotion	
STREET ADORESS			4.3 STREET ADDRESS			
CHY-ST-ZIP						
TIFLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
N4M(			5.2 NAME		Z orango Z radition	
STREE! ADDRESS			5.3 STREET ADDRESS			
CITY- ST- ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		<b></b>	6.2 NAME		em annual minimum	
STREET ADDRESS			6.3 STREET ADDRESS			
DIRECT MEMORY			U.S SINEET ADDRESS			

14. I do 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 aroual 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 of precion 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 op in attachment with an address.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

Edwin M. Katz

1/30/97

Date

(312) 236-4111

Daytime Phone #

### FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT**  CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State

	1997	DIVISION OF COL	HPORATIONS				
DOCUI	MENT # F96000	002990 (7)		.a .a .:	•		
U.S. MO	ONEY EXPRESS CO.			1,73			
Principal Place	e of Business	Mailing Address					
		3094 NORTH MILWAUKEE AV	em ie	5 th 1 th 10 th 1 th 10 th 1 th			
CHICAGO IL 60	Milwaukee Ave. 0618	CHICAGO IL 60618-6611	EMUE	,	•		
				3. Date Incorporated or Q	ualified 3a. Date of Last Report		
				06/14/1996			
	lace of Business	2a. Mailing Address	7.	4. FEI Number	Applied For		
	N. Milwaukee Ave.	26 3105 N. Milwaukee Aye.		36-3888150	Not Applica		
Suite, Apt.	#, e1C.	Suite, Apt #, etc.		5. Certificate of Status Des	sired \$8.75 Additional Fee Required		
City & State	<u> </u>	City & State		6. Election Campaign Fina			
Chica	igo, IL	28 Chicago, IL		Trust Fund Contribution			
Zıp	Country	Zip	Country	8. This corporation has liat	bility for intangible tax under s. 199.032,		
4 60618		29 60618 30	USA	Florida Statutes	☐ Yes ☐ No		
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of	New Registered Agent		
	IS DOCUMENT SERVICES INC.						
3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
IAU	LAMAGOEC PL 32311		83		······································		
			84 City		85 Zip Code		
					FL ITTI		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida, Such change was guil	the above-named	corporation submits this statement	for the purpose of changing its registered by accept the appointment as registered		
ugent. I a	m familiar with, and accept the obliga	itions of Section 607.0505, Floric	la Statutes	CHARGET'S DOZIG OF CITECIOIS. I TIEFE	by accept the appointment as registered		
SIGNATURE	Plusatura	CHOYE B	to the same of the	required when reinstaling)	DATE		
12.	Signature, typed or printed harve of registered ager OFFICERS AND		·13.		O OFFICERS AND DIRECTORS IN 12		
TITLE	PCDT	☐ DELETE	1.1 TITLE	President	Change Addi		
NAME	KOTABA, WALTER	•	1.2 NAME	Andrzej Dachman			
STREET ADDRESS	3094 N MILWAUKEE ROAD		1.3 STREET ADDRESS	3105 N. Milwaukee	Avenue		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Chicago, IL 60618			
TITLE	VS	☐ DELETE	2.1 TITLE	Vice President/Sec	retary K Change Addi		
NAME	BOCHENEK, JOANNA		2.2 NAME	Joanna Bochenek	$\mathbf{J} = \pm \frac{1}{2}$		
STREET ADDRESS	7635 W CATALPA		2.3 STREET ADDRESS	3094 N. Milwaukee			
CITY - ST - ZIP TITLE	CHICAGO IL	DELETE	2. 4 City-St-Zip 3.1 Title	Chicago, Illinois	OL		
NAME		- Depert	3.2 NAME	Assistant Secretar	y was		
STREET ADDRESS			3.3 STREET ADDRESS	Edwin M. Katz 180 N. LaSalle St.	2001		
CITY - ST - ZIP		·	3.4. CITY - ST - ZIP	Chicago, IL 60601	, ste. 5001		
TITLE		☐ DELETE	4.1 TITLE	OHEGEN THE OUTOT	☐ Change ☐ Addi		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY ST-ZIP		T DELETE	4.4 CITY-ST-ZIP		Change Addi		
THILE		☐ DELETE	51 TITLE		Claude Cavan		
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP		÷	5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addi		
NAME			6.2 NAME				
STREET AODRESS			6.3 STREET ADDRESS				
	1		•				

14. I do 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 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: I am an officer or director of 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:

Edwin M. Katz URE AND TYRE OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

(312) 236-4111

Daytime Phone \*