

2-10 97 B-1601 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # F96000002990 (7)**  
 1. Corporation Name  
**U.S. MONEY EXPRESS CO.**



Principal Place of Business: **3094 N. Milwaukee Ave. CHICAGO IL 60618**  
 Mailing Address: **3094 NORTH MILWAUKEE AVENUE CHICAGO IL 60618-6611**

3. Date Incorporated or Qualified: **06/14/1996**      3a. Date of Last Report  
 4. FEI Number: **36-3888150**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **3105 N. Milwaukee Ave.**  
 2a. Mailing Address: **3105 N. Milwaukee Ave.**  
 22. City & State: **Chicago, IL**  
 28. City & State: **Chicago, IL**  
 24. Zip: **60618**      25. Country: **USA**  
 29. Zip: **60618**      30. Country: **USA**

9. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC.**  
**3953 W.W. KELLEY ROAD**  
**TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City      B5 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PCDT</b> <input type="checkbox"/> DELETE
NAME	<b>KOTABA, WALTER</b>
STREET ADDRESS	<b>3094 N MILWAUKEE ROAD</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>BOCHENEK, JOANNA</b>
STREET ADDRESS	<b>7635 W CATALPA</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Andrzej Dachman</b>
1.3 STREET ADDRESS	<b>3105 N. Milwaukee Avenue</b>
1.4 CITY-ST-ZIP	<b>Chicago, IL 60618</b>
2.1 TITLE	<b>Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Joanna Bochenek</b>
2.3 STREET ADDRESS	<b>3094 N. Milwaukee Avenue</b>
2.4 CITY-ST-ZIP	<b>Chicago, Illinois 60618</b>
3.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Edwin M. Katz</b>
3.3 STREET ADDRESS	<b>180 N. LaSalle St., Ste. 3001</b>
3.4 CITY-ST-ZIP	<b>Chicago, IL 60601</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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; 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: *Edwin M. Katz*      **Edwin M. Katz**      **1/30/97**      **(312) 236-4111**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002990 (7)

1. Corporation Name  
U.S. MONEY EXPRESS CO.



Principal Place of Business: 3094 N. Milwaukee Ave. CHICAGO IL 60618  
Mailing Address: 3094 NORTH MILWAUKEE AVENUE CHICAGO IL 60618-6811

3. Date Incorporated or Qualified: 06/14/1996  
3a. Date of Last Report

2. Principal Place of Business: 21 3105 N. Milwaukee Ave.  
22 Suite, Apt. #, etc.

23 City & State: Chicago, IL

24 Zip: 60618  
25 Country: USA

2a. Mailing Address: 26 3105 N. Milwaukee Ave.  
27 Suite, Apt. #, etc.

28 City & State: Chicago, IL

29 Zip: 60618  
30 Country: USA

4. FEI Number: 36-3888150  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PCDT	<input type="checkbox"/> DELETE
NAME	KOTABA, WALTER	
STREET ADDRESS	3094 N MILWAUKEE ROAD	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BOCHENEK, JOANNA	
STREET ADDRESS	7635 W CATALPA	
CITY - ST - ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	Andrzej Dachman	
1.3 STREET ADDRESS	3105 N. Milwaukee Avenue	
1.4 CITY - ST - ZIP	Chicago, IL 60618	
2.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	Joanna Bochenek	
2.3 STREET ADDRESS	3094 N. Milwaukee Avenue	
2.4 CITY - ST - ZIP	Chicago, Illinois 60618	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
3.2 NAME	Edwin M. Katz	
3.3 STREET ADDRESS	180 N. LaSalle St., Ste. 3001	
3.4 CITY - ST - ZIP	Chicago, IL 60601	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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: Edwin M. Katz 1/30/97 (312) 236-4111  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #