



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90259 047 ***150.00

DOCUMENT # J25534					
1. Entity Name CHECK EXPRESS, INC.					
Principal Place of Business 1231 GREENWAY DRIVE STE. 800 IRVING, TX 75038 US		Mailing Address 1231 GREENWAY DRIVE STE. 600 IRVING, TX 75038 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2731112	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUSTADT, DONALD		NAME		
STREET ADDRESS	1231 GREENWAY DR., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE	CEO/D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPOWITZ, JAY B		NAME		
STREET ADDRESS	1231 GREENWAY DR., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	VICFO/TID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALMONT, WILLIAM S		NAME		
STREET ADDRESS	1231 GREENWAY DR., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VISID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISKEY, MICHAEL J		NAME	Walter E. Evans	
STREET ADDRESS	1231 GREENWAY DR., SUITE 600		STREET ADDRESS	1231 Greenway Dr. Suite 600	
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP	Irving, TX 75038	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Walter Evans		4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				972-550-5075	

14009799



04042005 Chg-P CR2E034 (10/03)