

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90375 001 \*\*\*900.00

0653427 AT

**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. 800  
IRVING TX 75038  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1231 Greenway Dr.  
Suite 800**

City & State  
**IRVING, TX**

4. FEI Number **59-2731112**

Applied For  
 Not Applicable

Zip **75038** Country **USA**

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

CHECK HERE IF MAKING CHANGES

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  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBP NEUSTADT, DONALD 1231 GREENWAY DR SUITE 800 IRVING TX 75038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCCARTY, RAYMOND E 1231 GREENWAY DR SUITE 800 IRVING TX 75038</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHIPOWITZ, JAY B 1231 GREENWAY DRIVE, STE. 800 IRVING TX 75038</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/ President/ Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1231 Greenway Dr, Suite 800</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive V.P. / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1231 Greenway Dr, Suite 800</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. / Sec. / Treasurer / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CONNOR, Joe W. 1231 Greenway Dr, Suite 800 IRVING, TX 75038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **4/09/03** **972-550-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)