

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

0653419 AT

DOCUMENT # M76903

1. Entity Name
CHECK EXPRESS FLORIDA, 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 600**

City & State
Irving, TX

Zip
75038

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2884144**

Applied For
Not Applicable

5. Certificate of Status Desired **\$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

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	CEOD NEUSTADT, DONALD 1231 GREENWAY DRIVE SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRINGTON, ERIC 1231 GREENWAY DRIVE SUITE 800 IRVING FL 75038 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CONNER, JOE W 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEMMING, RAYMOND C 10000 N. CENTICAL EXPWY STE 1060 DALLAS TX 75231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD, ROSE C III 500 CRESCENT CT STE 250 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1231 Greenway Dr, Suite 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1231 Greenway Dr, Suite 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Secy/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1231 Greenway Dr, Suite 600
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 **4/10/03** **972-550-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)