

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065453

1. Entity Name  
**CHECK EXPRESS FINANCE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 28 AM 8:11

Principal Place of Business      Mailing Address  
1231 GREENWAY DRIVE      1231 GREENWAY DRIVE  
800      800  
IRVING TX 75038      IRVING TX 75038-2536  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

City & State      City & State      4. FEI Number      Applied For  
Zip      Country      Zip      Country      59-3206802      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEUSTADT, DONALD H</b> <b>1231 GREENWAY DR SUITE 800</b> <b>IRVING TX</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MCCARTY, RAYMOND E</b> <b>1231 GREENWAY DR SUITE 800</b> <b>IRVING TX</b> <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Neustadt, Donald</b> <b>300003265029-4</b> <b>-05/24/00--01050--001</b> <b>***900.00</b> <del>***150.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Treas. Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Shipowitz, Jay</b> <b>1231 Greenway Dr., Ste 800</b> <b>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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay B. Shipowitz      Date: 6-26-00      Daytime Phone #: (972) 550-5000

CR2E034 (9/99)