

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

0693423 AT

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

**DOCUMENT # P93000065453**



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

Principal Place of Business 1231 GREENWAY DRIVE 800 IRVING TX 75038 US	Mailing Address 1231 GREENWAY DRIVE 800 IRVING TX 75038 US
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2. Principal Place of Business	3. Mailing Address <i>1231 Greenway Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 600</i>
City & State	City & State <i>IRVING, TX</i>
Zip	Country <i>USA</i>
Country	Zip <i>75038</i>

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3206802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 CEO NEUSTADT, DONALD H	<input type="checkbox"/> Delete
STREET ADDRESS 1231 GREENWAY DR SUITE 800	
CITY-ST-ZIP IRVING TX	
TITLE NAME V NORRINGTON, ERIC C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1231 GREENWAY DR SUITE 800	
CITY-ST-ZIP IRVING TX	
TITLE NAME PD SHIPOWITZ, JAY	<input type="checkbox"/> Delete
STREET ADDRESS 1231 GREENWAY DRIVE	
CITY-ST-ZIP IRVING TX 75038	
TITLE NAME VST CONNER, JOE W	<input type="checkbox"/> Delete
STREET ADDRESS 123 GREENWAY DR STE 800	
CITY-ST-ZIP IRVING TX 75038	
TITLE NAME CD HEMMIG, RAYMOND C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10000 N CENTRAL EX PWY ATE 1060	
CITY-ST-ZIP DALLAS TX 75231	
TITLE NAME D ROSE, EDWARD W III	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 500 CRESCENT CT COURT STE 250	
CITY-ST-ZIP DALLAS TX 75201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CEO / President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1231 Greenway Dr., Suite 600	
CITY-ST-ZIP IRVING, TX 75038	
TITLE NAME Executive V.P. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1231 Greenway Dr., Suite 600	
CITY-ST-ZIP IRVING, TX 75038	
TITLE NAME V.P. / Secy./Treasurer/ Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1231 Greenway Dr., Suite 600	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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: SIGNATURE REQUIRED 4/10/03 92-552-500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)