

**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

0693423 AT

**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**



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

3. Mailing Address  
**1231 Greenway Dr.  
Suite 600**

City & State  
**IRVING, TX**

Zip  
**75038**

Country  
**USA**

4. FEI Number  
**59-3206802**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	<b>CEO NEUSTADT, DONALD H 1231 GREENWAY DR SUITE 800 IRVING TX</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NORRINGTON, ERIC C 1231 GREENWAY DR SUITE 800 IRVING TX</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHIPOWITZ, JAY 1231 GREENWAY DRIVE IRVING TX 75038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST CONNER, JOE W 123 GREENWAY DR STE 800 IRVING TX 75038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HEMMIG, RAYMOND C 10000 N CENTRAL EX PWY ATE 1060 DALLAS TX 75231</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSE, EDWARD W III 500 CRESCENT CT COURT STE 250 DALLAS TX 75201</b> <input checked="" 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 600 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	<b>Executive V.P. / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1231 Greenway Dr., Suite 600 IRVING, TX 75038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. / Secy./Treasurer/ Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1231 Greenway Dr., Suite 600</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** **972-552-500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)