

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001840

Entity Name: CHEX SYSTEMS, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

FEI Number: 26-2926513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name HILL, KARA LARKIN
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name O'NEILL, BRIAN
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name RHEA, CHRIS
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SCHULD, MARIA
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name WHYTE, RON
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name DAUGHTREY, VIRGINIA A.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name FAUBUS, FARA
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT
Name JOHNSON, JIM
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FARA FAUBUS

SECRETARY

05/30/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title CFO
Name WOODALL, JAMES W
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204