

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001840

**Entity Name:** CHEX SYSTEMS, INC.

**Current Principal Place of Business:**

7805 HUDSON ROAD  
SUITE 100  
WOODBURY, MN 55125

**Current Mailing Address:**

7805 HUDSON ROAD  
SUITE 100  
WOODBURY, MN 55125 US

**FEI Number:** 26-2926513

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 PINE ISLAND RD  
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           BOKHARI, TARIQ  
Address        7805 HUDSON ROAD  
                  SUITE 100  
City-State-Zip: WOODBURY MN 55125

Title           ASSISTANT SECRETARY  
Name           BURGESS, DEBRA H  
Address        601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title           TREASURER  
Name           COUTURIER, JASON L.  
Address        601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title           DIRECTOR/PRESIDENT  
Name           JOHNSON, JIM  
Address        7805 HUDSON ROAD  
                  SUITE 100  
City-State-Zip: WOODBURY MN 55125

Title           SECRETARY  
Name           OATES, MICHAEL P.  
Address        601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title           DIRECTOR  
Name           ROMAIN, MARTIN R.  
Address        7805 HUDSON ROAD  
                  SUITE 100  
City-State-Zip: WOODBURY MN 55125

Title           DIRECTOR  
Name           WHYTE, RON  
Address        7805 HUDSON ROAD  
                  SUITE 100  
City-State-Zip: WOODBURY MN 55125

*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:** DEBRA H BURGESS

**ASSISTANT SECRETARY    04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date