

2017 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 ASSISTANT SECRETARY
Name BURGESS, DEBRA H
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

Title DIRECTOR
Name ALEXANDER, VICKI
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 DIRECTOR
Name BOKHARI, TARIQ
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name ROMAIN, MARTIN R.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

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

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

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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 04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name BRAMES, DAN

Address 601 RIVERSIDE AVE.

City-State-Zip: JACKSONVILLE FL 32204