

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000006313 (9)

1. Corporation Name  
NPC CHECK SERVICES, INC.



Principal Place of Business  
90 RIVERDALE ROAD  
RIVERDALE NJ 07457

Mailing Address  
90 RIVERDALE ROAD  
RIVERDALE NJ 07457-1703

3. Date Incorporated or Qualified 12/28/1995 3a. Date of Last Report 07/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-1422497		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WIMSETT, THOMAS A			1.2 NAME	Jim W. Cate		
STREET ADDRESS	90 RIVERDALE ROAD			1.3 STREET ADDRESS	101 Bullitt Lane, Suite 450		
CITY-ST-ZIP	RIVERDALE NJ			1.4 CITY-ST-ZIP	Louisville, KY 40222		
TITLE	VTS	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALSH, GENEVIEVE			2.2 NAME	Robert E. Showalter		
STREET ADDRESS	90 RIVERDALE ROAD			2.3 STREET ADDRESS	101 Bullitt Lane, Suite 450		
CITY-ST-ZIP	RIVERDALE NJ			2.4 CITY-ST-ZIP	Louisville, KY 40222		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLCOMBE, TONY G			3.2 NAME			
STREET ADDRESS	90 RIVERDALE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERDALE NJ			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALSTON, RICHARD A			4.2 NAME			
STREET ADDRESS	90 RIVERDALE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERDALE NJ			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZOOK, DAVID R			5.2 NAME			
STREET ADDRESS	90 RIVERDALE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERDALE NJ			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Genevieve Walsh* Genevieve Walsh

4/21/97 (201) 830-9236

CR2E034 (9/96)