

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90001 037 ***558.75

DOCUMENT # **F95000006313**

1. Corporation Name

INTERNATIONAL CHECK SERVICES, INC.



Principal Place of Business

**90 RIVERDALE ROAD
RIVERDALE NJ 07457**

Mailing Address

**90 RIVERDALE ROAD
RIVERDALE NJ 07457**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1995

4. FEI Number

31-1422497

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **WIMSETT, THOMAS A**
STREET ADDRESS **90 RIVERDALE ROAD**
CITY-ST-ZIP **RIVERDALE NJ**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Stephen D. Kane**
1.3 STREET ADDRESS **40 Muscogee Ave N.W.**
1.4 CITY-ST-ZIP **Atlanta GA 30305**

TITLE **VTS** ☐ DELETE
NAME **WALSH, GENEVIEVE**
STREET ADDRESS **90 RIVERDALE ROAD**
CITY-ST-ZIP **RIVERDALE NJ**

2.1 TITLE **Secretary** ☒ Change ☐ Addition
2.2 NAME **Genevieve Walsh**
2.3 STREET ADDRESS **90 Riverdale Rd.**
2.4 CITY-ST-ZIP **Riverdale NJ 07457**

TITLE **D** ☒ DELETE
NAME **CATE, JIM W**
STREET ADDRESS **101 BULLITT LANE SUITE 450**
CITY-ST-ZIP **LOUISVILLE KY**

3.1 TITLE **President** ☐ Change ☒ Addition
3.2 NAME **Christopher O'Hara**
3.3 STREET ADDRESS **90 Riverdale Rd.**
3.4 CITY-ST-ZIP **Riverdale NJ 07457**

TITLE **D** ☒ DELETE
NAME **SHOWALTER, ROBERT E**
STREET ADDRESS **101 BULLITT LANE SUITE 450**
CITY-ST-ZIP **LOUISVILLE KY**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition
4.2 NAME **Robert C. Biggs**
4.3 STREET ADDRESS **90 Riverdale Rd.**
4.4 CITY-ST-ZIP **Riverdale NJ 07457**

TITLE **D** ☒ DELETE
NAME **ZOOK, DAVID R**
STREET ADDRESS **101 BULLITT LANE SUITE 450**
CITY-ST-ZIP **LOUISVILLE KY 40222**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 **REQUIRED**

CR2E034 (5/99)