

DOCUMENT # J70324						
1. Entity Name CHECK EXPRESS USA, INC.						
Principal Place of Business 1231 GREENWAY DRIVE STE. 800 IRVING TX 75038 US			Mailing Address 1231 GREENWAY DRIVE STE. 800 IRVING TX 75038-2536 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State ZipCountry			3. Mailing Address Suite, Apt. #, etc. City & State ZipCountry			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 75038					Name Street Address (If different from above) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS						
TITLE	COBP NEUSTADT, DONALD H 1231 GREENWAY DRIVE, STE. 800 IRVING TX 75038 <input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	VP MCCARTY, RAYMOND E 1231 GREENWAY DRIVE, STE. 800 IRVING TX 75038 <input type="checkbox"/> Delete				TITLE	
NAME	NAME				NAME	
STREET ADDRESS	STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	CFOT SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete				TITLE	
NAME	NAME				NAME	
STREET ADDRESS	STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete				TITLE	
NAME	NAME				NAME	
STREET ADDRESS	STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Texas Tax Code, changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Jay B. Shipowitz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

SIGNATURE: Clay B. Shipowitz 6-26-00 (972) 550-5000