2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001059

1. Entity Name

ACCESS CASH INTERNATIONAL L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90041 045 ****50.00

| Principal Place | of Business | Mailing Address | | | | | | | | | |
|---|--|--|------------|-------------------|--|------------------------------|---|---|---|-------------|--|
| 20 YORKTON COURT ST. PAUL MN 55117 | | 8501 N SCOTTSOLATE RD 300 PARADISE VALLEY AZ 85253 | | | | ! }#!!! | Hi 188 ba adi 45 00 ba ah 88 00 | 46 111 11 11 11 1 | 11 14 1 4 1 1 1 1 1 1 1 1 1 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | | | 4. FEI Numb | per 41-196431 | 5 | <u> </u> | olied For Applicable | | |
| Zip | Country | Zip | Zip Countr | | | 5. Certificat | e of Status Desired | | 5.00 Add ee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name an | d Address of New R | legistered A | gent | | |
| · | | | Name | | | | | | | | |
| | CORPORATION SYSTEM SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PLAN | ITATION FL 33324 | | | | | | | | | | |
| | | | City | | | | FL | Zip Code | | | |
| 8. The above i | named entity submits this statement for | the purpose of changing its | registere | ed office or | registere | d agent, or b | oth, in the State of Fi | orida. I am fa | amiliar with, | and accept | |
| | ons of registered agent. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age | | | | | | when reinstating) | | DATE | | | |
| | Signature, typed of printed facility of ogenia | | DIACOL I | EEE IS S | E0 00 | | | · - | | | |
| FILE NOW!!! F | | | | | | t of State | · · · · · · | | | F 4. | |
| | | | | ay 1, 2003 | | | | | | | |
| | | | 10. | | | | ADDITIONS | CHANGES | | | |
| 9. | MANAGING MEMBER | | TITL | | nc R | | ABBITIONS | , 0, ,, 1, 10, 10 | ☐ Change | (Addition | |
| TITLE | MGR | Delete | NAM | | Ω_{\bullet} . | فاصيد | àh . | | | 7~ | |
| NAME | CAPAN, FRANK A JR. | | | ET ADDRESS | 250 | NS | ottodale R | d #3C | O | { | |
| STREET ADDRESS CITY-ST-ZIP | 322 BIRKDALE COURT HUDSON WI 54016 | | | -ST-ZIP | Sco | ttsdal | e, Az 850 | 353 | | | |
| - | C | Delete | TITL | F | CFC | | | | Change | Addition | |
| TITLE NAME | ROTH, RONALD G | ∑ Delete | NAM | | Th | omas l | , nosci | | _ | • | |
| STREET ADDRESS | 19 EAST OAKS ROAD | | STRE | EET ADDRESS | 850 | 21105 | cottable Re | J #30 | 0 | | |
| CITY-ST-ZIP | NORTH OAKS MN 55127 | | CITY | '-ST-ZIP | Sco | stisda | e AZ 8 | 525 <u>3</u> | | | |
| TITLE | -CFO | Delete | FITL | E | 5300 | -Aranda | | | - Change | Addition | |
| NAME | HAYSSEN, CHARLES N | • (| NAM | Œ | Ste | jen 🥸 | oleman | Rol +H | 300 | | |
| STREET ADDRESS | 4135 BAYSIDE ROAD | | | EET ADDRESS | 850 | al M S | cottsoble | 0000 | | | |
| CITY-ST-ZIP | MAPLE PLAIN MN 55359 | | CITY | Y-ST-ZIP | Sa | ottsak | ale, Az | <u> </u> | | | |
| TITLE | VP | Delete | TITL | | Tre | asurer | Mackin | | ☐ Change | Addition | |
| NAME | Gray, Bryan S | | NAM | | 1700 | Morior | Martin Cottodale | DJ #}5 | 300 | | |
| STREET ADDRESS | 1166 MCKOSICK RD. LANE | | | EET ADDRESS | XSO | 1102 | DECOMIE! | - | - | | |
| CITY-ST-ZIP | STILLWATER MN 55082 | | CIT | /-ST-ZIP | | | | | Change | | |
| TITLE | VP | Delete | TITL | | | | | | ☐ Change | ☐ Addition | |
| NAME | DEBOER, KARL L | • | NAM STD | AE Eet address | | | | | | , | |
| STREET ADDRESS | 18600 HARROW AVE. | | | r-ST-ZIP | | | | | • | ļ | |
| CITY-ST-ZIP | FOREST LAKE MN 55025 | | _ | | - | | | | Change | ☐ Addition | |
| TITLE | S NOTH MICHAEL I | Delete Delete | TITL | | | | | | | | |
| NAME | ROTH, MICHAEL J | , | | EET ADDRESS | | | | | | ļ | |
| STREET ADDRESS CITY-ST-ZIP | 2205 CHELMSFORD LANE | | | Y-ST-ZIP | | | | | | | |
| | ST. CLOUD MN 56301 | this filing does not qualify for | | | ted in Se | ction 119.070 | 3)(i), Florida Statutes | . I further cer | rtify that the | information | |

Increby 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: