2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M97100

Entity Name: ASSOCIATED CHECK CASHERS, INC.

Mar 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6808 LILLIAN ROAD JACKSONVILLE, FL 32211 LIS **Current Mailing Address: New Mailing Address:** C/O BOB MASUGA MERCHANIDISE MART PLAZA RM 491 CHICAGO, IL 60654 US FEI Number: 59-2919979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGGS, KEN 6808 LILLIAN ROAD JACKSONVILLE, FL 32211 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

Title: () Delete (X) Change () Addition LEVITT, MICHAEL, LEVITT, MICHAEL Name: Name: 2230 W PALMER 2230 W PALMER Address: Address: City-St-Zip: CHICAGO, IL 60647 City-St-Zip: CHICAGO, IL 60647 Title: Title: (X) Change () Addition () Delete Name: BORRAS, EDWARD, Name: BORRAS, EDWARD 2002 FOREST FALLS 2002 FOREST FALLS Address: Address: KINGWOOD, TX 77345 City-St-Zip: KINGWOOD, TX 77345 City-St-Zip: Title: (X) Change () Addition Title: () Delete CABRERA, MIGUEL, CABRERA, MIGUEL Name: Name: 12902 W. 110 TH ST 12902 W 110 TH ST Address: Address: City-St-Zip: OVERLAND PARK, KA 66210 City-St-Zip: OVERLAND PARK, KA 66210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LEVITT D 03/04/2002