2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 19, 2002 8:00 am Secretary of State P22309 DOCUMENT # 1. Entity Name 05-19-2002 90258 026 ***150.00 CHECK PRINTERS, INC. Principal Place of Business Mailing Address 1530 ANTIOCH PIKE 1530 ANTIOCH PIKE 360976 ANTIOCH TN 37013 ANTIOCH TN 37013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt., #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-0403250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01 ☐ Delete ☐ Change Addition TITLE ----TITLE ÑÂME ... CONDE. JAMES L NAME STREET ADDRESS 1530 ANTIOCH PIKE STREET ADDRESS CITY-ST-ZIP antioch in CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME INGLESBY, THOMAS V NAME STREET ADDRESS STREET ADDRESS 388 GREENWICH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** ☐ Delete TITLE Change Addition TITLE NAME NAME CROW, JONA STREET ADDRESS 1530 ANTIOCH PIKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANTIOCH TN 37013 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME KINSER, CLARK W NAME STREET ADDRESS 2709 BOULDER PARK COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINSTON SALEM NC 27106 ☐ Delete TITLE ST TITLE Change Addition NAME MORMAN, MIKE NAME STREET ADDRESS 1530 ANTIOCH PIKE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ANTIOCH TN 37013 TITLE DCEO ☐ Delete TITLE Change Addition NAME KNIGHT, JAMES L NAME STREET ADDRESS 1530 ANTIOCH PIKE STREET ADDRESS CITY-ST-7IP ANTIOCH TN CITY-ST-ZIP 13. 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 report or supplemental 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

615-277-7103

FILED