

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25180 (1)

1. Corporation Name

MID-AMERICA MONEY ORDER COMPANY

Principal Place of Business

500 WEST BROADWAY
LOUISVILLE KY 40202

Mailing Address

500 WEST BROADWAY
LOUISVILLE KY 40202



3. Date Incorporated or Qualified
07/10/1989

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
61-1156443

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, if applicable, the name of the corporation)

(If only a registered agent signature is required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMAR, DON
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE VP
NAME WRIGHT, PAUL
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE D
NAME OLIVER, ORSON
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE O
NAME LEDBETTER, KARL
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☒ DELETE

TITLE DAT
NAME STOKZ, SHEILA
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE AT
NAME DOHRMAN, MARK
STREET ADDRESS 500 W BROADWAY
CITY-ST-ZIP LOUISVILLE KY ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Robert Sachs
4.3 STREET ADDRESS 500 West Broadway/
4.4 CITY-ST-ZIP Louisville, KY 40202

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Steve Small
6.3 STREET ADDRESS 500 West Broadway/
6.4 CITY-ST-ZIP Louisville, KY 40202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sachs, Secretary 2/27/96

Date

Daytime Phone #

CR2E034 (12/95)