## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P25180** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name MID-AMERICA MONEY ORDER COMPANY 04-18-2000 90209 007 \*\*\*150.00 Principal Place of Business Mailing Address 1850 N. CENTRAL AVE 1850 N. CENTRAL AVE PHOENIX AZ 85077-0001 PHOENIX AZ 85077-2249 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-1156443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. **PCEO** Addition ☐ Change TITLE TITLE □ Delete MILNE, PHILLIP W NAME NAME 1550 UTICA AVE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST LOUIS PARK MN 55416 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE AYERS, ROBBIN L NAME 7401 W. MANSFIELD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKEWOOD CO 80235 ☐ Change Addition TITLE ☐ Delete TITLE HAIDER, THOMAS E NAME NAME STREET ADDRESS 1550 UTICA AVE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ST LOUIS PARK MN 55416 Addition TITLE [3] Change TITLE 🔀 Delete JAMES M LITHERLAND 1950N CENTEAL AVE LANE, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 1550 UTICA AVE S. PHOENIX AZ 85077-CITY-ST-ZIP CITY-ST-ZIP ST LOUIS PARK MN 55416 **VCFO** Change ☐ Addition TITLE ☐ Delete TITLE RYAN, ANTHONY P NAME STREET ADDRESS STREET ADDRESS 1550 UTICA AVE S. CITY-ST-ZIP CITY-ST-ZIP ST LOUIS PARK MN 55416 Change Addition ☐ Delete TITLE TITLE SAYRE, SCOTT E NAME NAME 1850 N CENTRAL AVE STREET ADDRESS 1550 UTICA AVE S. STREET ADDRESS PHOENIX AZ 85077 CITY-ST-ZIP ST LOUIS PARK MN 55416

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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SST SEARET ARU

4/5/00 Date:

Daytime Phone #

CUZE034 (3/33)