2000 UNIFORM BUSINESS REFORT (UBR)

SIGNATURE:

SIGNATURE AND TYRED OR

DOCUMENT # P93000065453 1. Entity Name CHECK EXPRESS FINANCE, INC.						FILED			
					SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac	o of Business	Mailing Address				00 JUN 28 AM 8: 11			
1231 GREENWA 800	IY DRIVE	1231 GREENWAY DRIV 800	800						
RVIN⊕ TX 75038 IRVING TX 75038-2536 US US									
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. F	59-3206802		oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. (Certificate of Status Desired	\$8.75 Add		
_ - 	_6. Name and Address of Currer	nt Registered Agent	<u></u>		71	lame and Address of New Registered	Agent .		
				Name					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Addres	ss (P.O. B	ox Number is Not Acceptable)			
104	TIATION I E GOGET				FL Zip Code			le	
SIGNATURE 9. This corpo	Signature, typed or printed name of registered age praction is eligible to satisfy its intangit		(NOTE: Registere	d Agent signature requ	ired when re	instating) DATE 10. Election Campaign Financing	- \$5.()0:May:Bo —	
- Tax filling r	equirement and elects to do so.	After MAY	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			Trust Fund Contribution.		d to Fees	
11.		D DIRECTORS	12.			DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS	P Neustadt, Donald H 1231 Greenway Dr Suite 8	Delete	TITLI NAM STRE	[*		resident tadt Donald SODOOSSES	Change	Addition	
CITY-ST-ZIP	IRVING TX	oo .		-ST-ZIP		\$00003265 			
TITLE NAME	VPD MCCARTY, RAYMOND E	☐ Delete	TITLE	l l		****900.00		O Doddition	
STREET ADDRESS CITY-ST-ZIP	1231 GREENWAY DR SUITE 8 IRVING TX	00		ET ADDRESS -ST-ZIP				_	
TITLE NAME	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	□ Delete	TITL	1.27	0	Trepus. SIC. Witz, Jay	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS 2	316	reinway Dr., S	1E 800)	
TITLE		☐ Delete	TITL	I	<u> </u>)	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E EET ADDRESS -ST-ZIP				1	
TITLE NAME		☐ Delete	TITLI				Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS -ST-ZIP					
TITLE NAME	`	☐ Delete	TITLI	l l			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				Am	
indicated of the cor	on this report or supplemental report	t is true and accurate and powered to execute this re	that my signa eport as requi	ture shall have t	he same l	119.07(3)(i), Fiorida Statutes. I further ce legal effect as if made under oath; that I da Stalutes; and that my name appears	am an officer	r or airector 1	