

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 002 ***150.00

DOCUMENT # P93000065453	
1. Entity Name CHECK EXPRESS FINANCE, INC.	



Principal Place of Business 1231 GREENWAY DRIVE 800 IRVING, TX 75038 US	Mailing Address 1231 GREENWAY DRIVE SUITE 650 IRVING, TX 75038 US
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40089599



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3206802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPOWITZ, JAY	NAME	
STREET ADDRESS	1231 GREENWAY DR., SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	IRVING, TX 75038	CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE	Executive Vice President/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALMONT, WILLIAM S	NAME	Todd W. Whitbeck
STREET ADDRESS	1231 GREENWAY DR., STE. 600	STREET ADDRESS	1231 Greenway Dr., Suite 600
CITY-ST-ZIP	IRVING, TX 75038	CITY-ST-ZIP	Irving, Texas 75038
TITLE	VO <input checked="" type="checkbox"/> Delete	TITLE	Sr. Vice President/General Counsel/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, WALTER E	NAME	Ted M. Eades
STREET ADDRESS	1231 GREENWAY DR., STE 600	STREET ADDRESS	1231 Greenway Dr., Suite 600
CITY-ST-ZIP	IRVING, TX 75038	CITY-ST-ZIP	Irving, Texas 75038
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <i>Donald M. Eades</i>	4/26/07	972-550-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #