2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# P94000055910

Entity Name: THE CHECK CASHING STORE, INC.

Current Principal Place of Business:

6340 NW 5 WAY
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1400 EAST TOUHY AVE.
SUITE 100
DES PLAINES, IL 60018

Current Mailing Address:

6340 NW 5 WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

C/O BARRY HERSHMAN
1400 EAST TOUHY AVE., SUITE 100
DES PLAINES, IL 60018

FEI Number: 65-0510706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOBIN, DAVID S ESQ
TOBIN & REYES, P.A.
5355 TOWN CENTER RD., STE. 204
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HERSHMAN, BARRY E
Address: 1400 E TOUHY AVE SUITE 100
City-St-Zip: DES PLAINES, IL 60018

Title: PD ( ) Delete
Name: HAUSER, PAUL
Address: 6340 NW 5 WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: EAGER, ALLEN
Address: 1400 E TOUHY AVE SUITE 100
City-St-Zip: DES PLAINES, FL 60018

Title: VP ( ) Delete
Name: DAVIS, MARSHALL
Address: 6340 NW 5 WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HAUSER, PAUL
Address: 6883 QUEENFERRY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL P HAUSER PD 02/11/2008

Electronic Signature of Signing Officer or Director — Date