2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055910

DAVIS, MARSHALL

FORT LAUDERDALE, FL 33309

6340 NW 5 WAY

Name:

Address:

City-St-Zip:

Entity Name: THE CHECK CASHING STORE, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 100					
DES PLAINES, IL 60018 Current Mailing Address:			New Mailing Address:		
1400 EAS	RY HERSHM T TOUHY A' NES, IL 600	VE., SUITE 100			
FEI Number	: 65-0510706	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Agent:	Name and Address of New Registered Agent:		
TOBIN & F 5355 TOW	AVID S ESQ REYES, P.A. /N CENTER TON, FL 33	RD., STE. 204 486 US			
	e named enti e of Florida.	ty submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Elect	ronic Signature of Registered A	gent	Date	
Election Car	mpaign Finan	eing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:		() Delete , BARRY E HY AVE SUITE 100 ES, IL 60018	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete AUL NFERRY CIRCLE N, FL 33496	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete .EN HY AVE SUITE 100 :S, FL 60018	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP	(X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL HAUSER PRES 03/11/2009