

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055910

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** THE CHECK CASHING STORE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** HERSHMAN, BARRY E  
**Address:** 1400 E TOUHY AVE SUITE 100  
**City-St-Zip:** DES PLAINES, IL 60018

**Title:** PD  
**Name:** HAUSER, PAUL  
**Address:** 6883 QUEENFERRY CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33496

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

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL HAUSER

PD

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date