

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20354

1. Entity Name

CHECK EXPRESS SOUTH CAROLINA, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90394 001 ***900.00

30887



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1231 GREENWAY DRIVE
STE. 800
IRVING TX 75038
US

Mailing Address
1231 GREENWAY DRIVE
STE. 800
IRVING TX 75038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3044898**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COBP	<input type="checkbox"/> Delete
NAME	NEUSTADT, DONALD H	
STREET ADDRESS	1231 GREENWAY DRIVE SUITE 800	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MCCARTY, RAYMOND E	
STREET ADDRESS	1231 GREENWAY DR SUTIE 800	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	SHIPOWITZ, JAY B	
STREET ADDRESS	1231 GREENWAY DRIVE STE 800	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	SHIPOWITZ, JAY B	
STREET ADDRESS	1231 GREENWAY DRIVE STE 800	
CITY-ST-ZIP	IRVING TX 75038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric Norrington 03.01.01 972-550-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)