

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005427

Entity Name: PRE CASH INC.

Current Principal Place of Business:

5120 WOODWAY, SUITE 6001
HOUSTON, TX 77056

Current Mailing Address:

5120 WOODWAY, SUITE 6001
HOUSTON, TX 77056 US

FEI Number: 93-1242329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title CEO
Name STEVE, TAYLOR
Address 1800 WEST LOOP SOUTH SUITE 1400
City-State-Zip: HOUSTON TX 77027

Title D
Name MARSH, IAN K
Address 1800 WEST LOOP SOUTH STE 1400
City-State-Zip: HOUSTON TX 77027

Title DIRECTOR
Name WOLFEN, RICHARD
Address 9777 WILSHIRE BLVD., SUITE 500
City-State-Zip: BEVERLY HILLS CA 90212

Title DIRECTOR
Name CHANEY, JOHN
Address 1721 RIVER OAKS BLVD
City-State-Zip: HOUSTON TX 77019

Title D
Name STEINER, CHRIS
Address 300 W 6TH STREET SUITE 2300
City-State-Zip: AUSTIN TX 78071

Title C
Name DE SILVA, MAHINDA K
Address 1875 SOUTH GRANT ST., SUITE 750
City-State-Zip: SAN MATEO CA 94402

Title CFO
Name SCHOENBERGER, LEE
Address 5120 WOODWAY, SUITE 6001
City-State-Zip: HOUSTON TX 77056

Title DIRECTOR
Name WOLFEN, WERNER F
Address 1800 AVENUE OF THE STARS
SUITE 900
City-State-Zip: LOS ANGELES CA 90067

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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: LEE SCHOENBERGER

CFO

03/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title COO
Name JEFFERY, BLAIR G
Address 5120 WOODWAY, SUITE 6001
City-State-Zip: HOUSTON TX 77056