

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90229 041 ***150.00

DOCUMENT # F0100002027
 1. Entity Name
MEMO MONEY ORDER COMPANY



Principal Place of Business Mailing Address
 1029 MUMMA ROAD 1029 MUMMA ROAD
 WORMLEYSBURG, PA 17043 WORMLEYSBURG, PA 17043

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1602585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P also Director MCCORKLE, DAVID L 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V also Director BUTLER, TANYA 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST also Director WILBERT, KAREN 1029 MUMMA RD. WORMLEYSBURG, DA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hans Leyer 1029 Mumma Road Wormleysburg, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tanya Butler *Tanya Butler* 4/27/04 717-731-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #