

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 09, 2003 8:00 am
Secretary of State

0653427 AT

04-09-2003 90375 001 ***900.00

DOCUMENT # J25534

1. Entity Name
CHECK EXPRESS, INC.



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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**1231 Greenway Dr.
Suite 800
Irving, TX
75038 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2731112**

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Applied For
Not Applicable

7. Name and Address of New Registered Agent
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. I am familiar with, and accept, the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	COBP NEUSTADT, DONALD 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTY, RAYMOND E 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT SHIPOWITZ, JAY B 1231 GREENWAY DR SUITE 800 IRVING TX 75038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIPOWITZ, JAY B 1231 GREENWAY DRIVE, STE. 800 IRVING TX 75038 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/ President/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1231 Greenway Dr, Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P. / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1231 Greenway Dr, Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. / Sec. / Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CONNOR, Joe W. 1231 Greenway Dr, Suite 800 Irving, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED **4/09/03** **972-550-5000**

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

CR2E034 (10/02)