

File Date

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FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stre

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Providence, RI 02904-261 401.222.304

Corporate ID No. 76488		2. Name of Corporation Chex Systems, Inc.				
Street Address Principal Business Office 7805 Hudson Rd., Ste.100			City Woodbury	State MN	^{Zip} 55125	
. Rusiness Phone No. 5. State of Incorporat Minnesota			ion			
	ification and Collectic	n Services primarily to		ES REFORE USING	ATTACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A" President Name R. Renz Nichols			Vice President Name Jay C Woods Jr.			
Street Address 100-2nd Ave. South, Ste.1100S			Street Address 4900 N Scottsdale Rd., Ste.1000			
^{uy} St.Petersburg	State Florida	^{Zip} 33701	City Scottsdale	State Arizona	^{Zip} 85251	
Secretary Name Juliet Lim			Treusurer Name NONE			
Street Address 601 Riverside Ave.			Street Address			
Jacksonville	State Florida	^{Ζιφ} 32204	City	State	Zip	
s. NAMES AND ADDRI Director Name Lynn Cravey	ESSES OF THE DIREC	CTORS: ("X" BOX FOR	R ATTACHMENT) [7] FILL IN SPA Director Name R. Renz Nichols	CES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
100-2nd Ave. South, Ste.1100S			: 100-2nd Ave. South, Ste.1100S : City State Zip			
City St.Petersburg Director Name	State Florida	33701	St.Petersburg Director Name	Florida	33701	
Street Address			Street Address			
City	State	Zip	Спу	State	Zip	
O. SHARES AUTHORIZ	ED ("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		· <u>—</u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2500 Common No Par Value			2500	Common	0	
This report must be executive report must be executive report must be executive.	ecuted on behalf of the	corporation by an auticorporation by the reco	horized representative. If the corporeiver or trustee.	cation is in the hand	s of a receiver or t	
				9		
	FILED		Under penalty of perjury including any accompar	 J declare and affirm typing schedules and sta 	tnat I have exammed atements, and that all	

contained herein are true and correct.

Signature

Form 630 Rev. 12/06

<u> 212510</u>