



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2671
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 76488	2. Name of Corporation Chex Systems, Inc.
------------------------------	--

3. Street Address Principal Business Office 7805 Hudson Rd., Ste.100	City Woodbury	State MN	Zip 55125
---	------------------	-------------	--------------

4. Business Phone No. 480-629-7715	5. State of Incorporation Minnesota
---------------------------------------	--

5. Brief Description of the Character of Business Conducted in Rhode Island
Provides Account Verification and Collection Services primarily to Financial Institutions.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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
---	---

City St.Petersburg	State Florida	Zip 33701	City Scottsdale	State Arizona	Zip 85251
-----------------------	------------------	--------------	--------------------	------------------	--------------

Secretary Name Juliet Lim	Treasurer Name NONE
------------------------------	------------------------

Street Address 601 Riverside Ave.	Street Address
--------------------------------------	----------------

City Jacksonville	State Florida	Zip 32204	City	State	Zip
----------------------	------------------	--------------	------	-------	-----

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Lynn Cravey	Director Name R. Renz Nichols
------------------------------	----------------------------------

Street Address 100-2nd Ave. South, Ste.1100S	Street Address 100-2nd Ave. South, Ste.1100S
---	---

City St.Petersburg	State Florida	Zip 33701	City St.Petersburg	State Florida	Zip 33701
-----------------------	------------------	--------------	-----------------------	------------------	--------------

Director Name	Director Name
---------------	---------------

Street Address	Street Address
----------------	----------------

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2500	Common No Par Value	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
2500	Common	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

FEB 29 2008

By 403964

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [Signature] Date 2/25/08

Print or Type Name John Poole

Title Vice President