

1.) CORPORATION NAME:

**CHECKS IN THE MAIL, INC.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1877887**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2435 GOODWIN LN

CITY/ST/ZIP: NEW BRAUNFELS, TX 78135

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DANIEL SINGLETON TITLE: PRESIDENT/CEO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PETER A FERA JR TITLE: EXEC VP/CFO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JUDY C NORRIS TITLE: SR VP/SEC ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHARLES T DAWSON TITLE: DIRECTOR ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EDWARD P TAIBI TITLE: ASST SECRETARY ADDRESS: 35 E 62ND ST CITY/ST/ZIP/CO: NEW YORK, NY 10065</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARTIN H WEXLER TITLE: VP/TREASURER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DEBRA W KEENER TITLE: SVP/ASST SEC ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DENISE LALOGUE TITLE: VP/CONTROLLER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: PAT M SIMMONS TITLE: VICE PRESIDENT ADDRESS: 1931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DEBRA WKEENER	DEBRA WKEENER,	8/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.