FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:40

DOCUMENT # **807524** **(4)**

1. Corporation Name
JOHN H. HARLAND COMPANY

Principal Place of Business	Mailing Address
2939 MILLER ROAD P.O. BOX 105250 ATLANTA GEORGIA 30348	2939 MILLER ROAD P.O. BOX 105250 ATLANTA GEORGIA 30348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1948**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **58-0276260** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	WEYAND, VICTORIA	12 NAME		
STREET ADDRESS	2660 PEACHTREE RD., N.W.	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	DOLLAR, WILLIAM M.	22 NAME		
STREET ADDRESS	2540 BLYTHE LANE	23 STREET ADDRESS		
CITY ST ZIP	SNELLVILLE GA	24 CITY ST ZIP		
TITLE	VSD	31 TITLE	OMIT	☒ Change ☐ Addition
NAME	LANG, I WARD	32 NAME		
STREET ADDRESS	215 ROYAL LYTHAM CT	33 STREET ADDRESS		
CITY ST ZIP	DULUTH, GA 00000	34 CITY ST ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	WOODSON, ROBERT R	42 NAME		
STREET ADDRESS	2042 DEER RIDGE DR	43 STREET ADDRESS		
CITY ST ZIP	STONE MOUNTAIN, GA 00000	44 CITY ST ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	ROBERT N. GLEZEN	52 NAME		
STREET ADDRESS	4890 BAINBRIDGE CT.	53 STREET ADDRESS		
CITY ST ZIP	LILBURN GA	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	BRICKER, RALPH	62 NAME		
STREET ADDRESS	4569 BALMORAL CT.	63 STREET ADDRESS		
CITY ST ZIP	LITHONIA GA	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ - WILLIAM M. DOLLAR _____ 404-981-9460
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #