FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/09/1948**

3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **58-0278260** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (New Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEYAND, VICTORIA		1.2 NAME		
STREET ADDRESS	2660 PEACHTREE RD., N.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOLLAR, WILLIAM M.		2.2 NAME		
STREET ADDRESS	2540 BLYTHE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SNELLVILLE GA		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	CHAIRMAN-BOARD OF DIRECTORS	☒ Change ☐ Addition
NAME	WOODSON, ROBERT R		3.2 NAME		
STREET ADDRESS	2042 DEER RIDGE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	STONE MOUNTAIN, GA 00000		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE	SENIOR VICE-PRESIDENT	☐ Change ☒ Addition
NAME	ROBERT N. GLEZEN		4.2 NAME	EARL ROGGRS	
STREET ADDRESS	4890 BAINBRIDGE CT.		4.3 STREET ADDRESS	1736 HUNTERS TRACE	
CITY-ST-ZIP	LILBURN GA		4.4 CITY-ST-ZIP	LILBURN, GA 30247	
TITLE	V	☒ DELETE	5.1 TITLE	V.P	☐ Change ☒ Addition
NAME	BRICKER, RALPH		5.2 NAME	PAUL BESHEARS	
STREET ADDRESS	4569 BALMORAL CT.		5.3 STREET ADDRESS	2622 BIRCHWOOD PL.	
CITY-ST-ZIP	LITHONIA GA		5.4 CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE		☐ DELETE	6.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME			6.2 NAME	ROBERT AMMAN	
STREET ADDRESS			6.3 STREET ADDRESS	2939 MILLER RD.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DECATUR, GA 30035	

CR2E034 (12/95)

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)(k), 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: _____ 4-16-96 770-981-9460

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

WILLIAM M. DOLLAR