FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
2939 MILLER RD
DECATUR GA 30035

Mailing Address
P.O. BOX 105250
ATLANTA GA 30348

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
01/09/1948

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WEYAND, VICTORIA		12 NAME		
STREET ADDRESS	2660 PEACHTREE RD., N.W.		13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30348		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	SVP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RODGERS, EARL		32 NAME		
STREET ADDRESS	1736 HUNTERS TRACE		33 STREET ADDRESS		
CITY-ST-ZIP	LILBURN GA 30247		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BESHEARS, PAUL		42 NAME		
STREET ADDRESS	2622 BIRCHWOOD DR		43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30305		44 CITY-ST-ZIP		
TITLE	PC	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	AMMAN, ROBT.		52 NAME		
STREET ADDRESS	2939 MILLER RD		53 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA 30035		54 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BATES, ARLENE		62 NAME		
STREET ADDRESS	2939 MILLER ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA 30035		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 _____ 1-15-98

CR2E034 (10/97)