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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90170 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807524

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

3. Date Incorporated or Qualified

01/09/1948

4. FEI Number

59-0278260

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

23
Zip Country

27. City & State

27
Zip Country

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S WEYAND, VICTORIA**
STREET ADDRESS **2660 PEACHTREE RD., N.W.**
CITY-STATE-ZIP **ATLANTA GA 30348**

TITLE ☐ DELETE
NAME **T DOLLAR, WILLIAM M**
STREET ADDRESS **2540 BLYTHE LANE**
CITY-STATE-ZIP **SNELLVILLE GA**

TITLE ☐ DELETE
NAME **SVP RODGERS, EARL**
STREET ADDRESS **1736 HUNTERS TRACE**
CITY-STATE-ZIP **LILBURN GA 30247**

TITLE ☐ DELETE
NAME **V BESHEARS, PAUL**
STREET ADDRESS **2622 BIRCHWOOD DR**
CITY-STATE-ZIP **ATLANTA GA 30305**

TITLE ☐ DELETE
NAME **PC AMMAN, ROBT.**
STREET ADDRESS **2939 MILLER RD**
CITY-STATE-ZIP **DECATUR GA 30035**

TITLE ☐ DELETE
NAME **SVP BATES, ARLENE**
STREET ADDRESS **2939 MILLER ROAD**
CITY-STATE-ZIP **DECATUR GA 30035**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **JOHN C. WALTERS**
1.3 STREET ADDRESS **2939 Miller Rd**
1.4 CITY-STATE-ZIP **Decatur GA 30035**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP ROGERS, EARL**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **President, CEO TIMOTHY C. TUFF**
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **VP**
6.3 STREET ADDRESS
6.4 CITY-STATE-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 change of, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-99 7705935617

CR2E034 (1/98)