

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807524

1. Entity Name

JOHN H. HARLAND COMPANY

Principal Place of Business

2939 MILLER RD
DECATUR GA 30035

Mailing Address

P.O. BOX 105250
ATLANTA GA 30348

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME S
STREET ADDRESS WALTERS, JOHN C
CITY-ST-ZIP 2939 MILLER RD
DECATUR GA 30035

TITLE ☐ Delete
NAME T
STREET ADDRESS DOLLAR, WILLIAM M
CITY-ST-ZIP 2540 BLYTHE LANE
SNELLVILLE GA

TITLE ☒ Delete
NAME VP
STREET ADDRESS ROGERS, EARL
CITY-ST-ZIP 1736 HUNTERS TRACE
LILBURN GA 30247

TITLE ☒ Delete
NAME VP
STREET ADDRESS BESHEARS, PAUL
CITY-ST-ZIP 2622 BIRCHWOOD DR
ATLANTA GA 30305

TITLE ☐ Delete
NAME PC
STREET ADDRESS TUFF, TIMOTHY C
CITY-ST-ZIP 2939 MILLER RD
DECATUR GA 30035

TITLE ☐ Delete
NAME VP
STREET ADDRESS BATES, ARLENE
CITY-ST-ZIP 2939 MILLER ROAD
DECATUR GA 30035

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with address, with all other the employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90006 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)