

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821724

FILED
Apr 30, 2008
Secretary of State

Entity Name: SAFEGUARD BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

8585 STEMMONS FREEWAY
DALLAS, TX 75247

New Principal Place of Business:

Current Mailing Address:

3680 VICTORIA ST N TAX DEPT
SHOREVIEW, MN 55126

New Mailing Address:

FEI Number: 23-1689322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROADHEAD, TIMOTHY R
Address: 8585 STEMMONS FREEWAY
City-St-Zip: DALLAS, TX 75247

Title: AT () Delete
Name: JOHNSON, JEFF L
Address: 3680 VICTORIA ST N
City-St-Zip: SHOREVIEW, MN 55126

Title: S () Delete
Name: DUNLAP, MICHAEL
Address: 8585 STEMMONS FREEWAY
City-St-Zip: DALLAS, TX 75247

Title: AS () Delete
Name: SCARFONE, ANTHONY C
Address: 3680 VICTORIA ST N
City-St-Zip: SHOREVIEW, MN 55126

Title: VP () Delete
Name: JONES, ELIZABETH R
Address: 8585 STEMMONS FREEWAY
City-St-Zip: DALLAS, TX 75247

Title: D () Delete
Name: BROADHEAD, TIMOTHY R
Address: 8585 STEMMONS FREEWAY
City-St-Zip: DALLAS, TX 75247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF L. JOHNSON

AT

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date