

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 824846

(0)

1. Corporation Name

DELUXE CHECK PRINTERS, INC.

Principal Place of Business

1080 W COUNTY RD F
PO BOX 64399
ST PAUL MN 55164-0399

Mailing Address

1080 W COUNTY RD F
PO BOX 64399
ST PAUL MN 55164-0399

APPROVED
AND
FILED

95 MAY -1 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1970

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

41-0216800

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAVERTY, H V
STREET ADDRESS	1080 W COUNTY RD F
CITY - ST - ZIP	ST PAUL MN
TITLE	V
NAME	TWOGOOD, J K
STREET ADDRESS	1080 W COUNTY RD F
CITY - ST - ZIP	ST PAUL MN
TITLE	V
NAME	GRITTON, M.T.
STREET ADDRESS	1080 W COUNTY RD F
CITY - ST - ZIP	ST PAUL MN
TITLE	T
NAME	STEPHENS, D.G.
STREET ADDRESS	1080 W. COUNTY RD F
CITY - ST - ZIP	ST PAUL MN
TITLE	V
NAME	CHUPITA, K J
STREET ADDRESS	1080 W COUNTY RD F
CITY - ST - ZIP	ST PAUL MN
TITLE	CFO
NAME	OSBORNE, C.M.
STREET ADDRESS	1080 W COUNTY ROAD F
CITY - ST - ZIP	ST. PAUL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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: D. C. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/24/95

Date

(612) 483-7111

Telephone Number