45063R2 71 [handwritten initials]

$200.00

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business
21 3680 Victoria St. N.
Suite, Apt #, etc.
22
City & State
23 Shoreview, MN
Zip / Country
24 55126-2966 25

2a. Mailing Address
26 P.O. Box 64235
Suite, Apt. #, etc.
27
City & State
28 St. Paul, MN
Zip / Country
29 55164-0235 30

3. Date Incorporated or Qualified: 07/24/1970
3a. Date of Last Report: 05/01/1995
4. FEI Number: 41-0216800 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	CEO ☐ Change ☒ Addition
NAME	HAVERTY, H V		1.2 NAME	J.A Blanchard III
STREET ADDRESS	1080 W COUNTY RD F		1.3 STREET ADDRESS	3680 Victoria St. N.
CITY-ST-ZIP	ST PAUL MN		1.4 CITY-ST-ZIP	Shoreview, MN 55126-2966
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TWOGOOD, J K		2.2 NAME	
STREET ADDRESS	1080 W COUNTY RD F		2.3 STREET ADDRESS	3680 Victoria St. N.
CITY-ST-ZIP	ST PAUL MN		2.4 CITY-ST-ZIP	Shoreview, MN 55126-2966
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	GRITTON, M.T.		3.2 NAME	
STREET ADDRESS	1080 W COUNTY RD F		3.3 STREET ADDRESS	3680 Victoria St. N
CITY-ST-ZIP	ST PAUL MN		3.4 CITY-ST-ZIP	Shoreview, MN 55126-2966
TITLE	T	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	STEPHENS, D.G.		4.2 NAME	
STREET ADDRESS	1080 W. COUNTY RD F		4.3 STREET ADDRESS	3680 Victoria St. N.
CITY-ST-ZIP	ST PAUL MN		4.4 CITY-ST-ZIP	Shoreview, MN 55126-2966
TITLE	V	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	CHUPITA, K J		5.2 NAME	
STREET ADDRESS	1080 W COUNTY RD F		5.3 STREET ADDRESS	3680 Victoria St. N
CITY-ST-ZIP	ST PAUL MN		5.4 CITY-ST-ZIP	Shoreview, MN 55126-2966
TITLE	CFO	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	OSBORNE, C.M.		6.2 NAME	
STREET ADDRESS	1080 W COUNTY ROAD F		6.3 STREET ADDRESS	3680 Victoria St. N.
CITY-ST-ZIP	ST. PAUL MN		6.4 CITY-ST-ZIP	Shoreview, MN 55126-2966

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)(k), 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.G. Stephens [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 — Date

(612) 483-7111 — Daytime Phone #

CR2E034 (12/95)