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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
3680 VICTORIA ST. NORTH PO BOX 64399 SHOREVIEW MN 55126-2966 US	P.O. BOX 64235 PO BOX 64399 ST. PAUL MN 55164-0399 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/24/1970
3a. Date of Last Report: 05/01/1996
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when initial filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLANCHARD, J.A. III		1.2 NAME		
STREET ADDRESS	3680 VICTORIA ST. NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	TWOGOOD, J K		2.2 NAME	LEFEVRE, J H	
STREET ADDRESS	3680 VICTORIA ST. NORTH		2.3 STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW MN		2.4 CITY-ST-ZIP	SHOREVIEW, MN.	
TITLE	V	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRITTON, M.T.		3.2 NAME		
STREET ADDRESS	3680 VICTORIA ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, D.G.		4.2 NAME		
STREET ADDRESS	3680 VICTORIA ST.NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		4.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHUPITA, K J		5.2 NAME		
STREET ADDRESS	3680 VICTORIA ST.NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		5.4 CITY-ST-ZIP		
TITLE	CFO	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, C.M.		6.2 NAME		
STREET ADDRESS	3680 VICTORIA ST. NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		6.4 CITY-ST-ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: VP Treas. 3/28/97 612-483-7111

CR2E034 (9/96)