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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
3680 VICTORIA ST. NORTH
PO BOX 64399
SHOREVIEW MN 55126-2966
US

Mailing Address
P.O. BOX 64235
PO BOX 64399
ST. PAUL MN 55164-0399
US

3. Date Incorporated or Qualified: **07/24/1970**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	BLANCHARD, J.A. III	
STREET ADDRESS	3680 VICTORIA ST. NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	V	☑ DELETE
NAME	TWOGOOD, J K	
STREET ADDRESS	3680 VICTORIA ST. NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	V	☑ DELETE
NAME	GRITTON, M.T.	
STREET ADDRESS	3680 VICTORIA ST. NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	T	☐ DELETE
NAME	STEPHENS, D.G.	
STREET ADDRESS	3680 VICTORIA ST.NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	V	☑ DELETE
NAME	CHUPITA, K J	
STREET ADDRESS	3680 VICTORIA ST.NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	CFO	☑ DELETE
NAME	OSBORNE, C.M.	
STREET ADDRESS	3680 VICTORIA ST. NORTH	
CITY-ST-ZIP	SHOREVIEW 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	SECRETARY	☐ Change ☑ Addition
2.2 NAME	LEFEVRE, J H	
2.3 STREET ADDRESS	3680 VICTORIA ST. N.	
2.4 CITY-ST-ZIP	SHOREVIEW, MN.	
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 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)