

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **824846** (0)  
1. Corporation Name  
**DELUXE CHECK PRINTERS, INC.**

Principal Place of Business <b>3680 VICTORIA ST. NORTH PO BOX 64399 SHOREVIEW MN 55126-2986 US</b>	Mailing Address <b>P.O. BOX 64235 PO BOX 64399 ST. PAUL MN 55164-0235 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/24/1970</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>41-0216800</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>BLANCHARD, J.A. III</b>	
STREET ADDRESS	<b>3680 VICTORIA ST. NORTH</b>	
CITY - ST - ZIP	<b>SHOREVIEW MN</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>LEFEVRE, J H</b>	
STREET ADDRESS	<b>3680 VICTORIA ST N.</b>	
CITY - ST - ZIP	<b>SHOREVIEW MN</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, D.G.</b>	
STREET ADDRESS	<b>3680 VICTORIA ST. NORTH</b>	
CITY - ST - ZIP	<b>SHOREVIEW MN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CFO</b>
3.3 STREET ADDRESS	<b>Thomas W. VanHimbergen</b>
3.4 CITY - ST - ZIP	<b>3680 Victoria St. N.</b>
	<b>Shoreview, MN 55126</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CFO</b>
4.3 STREET ADDRESS	<b>W. F. Schlaiss</b>
4.4 CITY - ST - ZIP	<b>3680 Victoria St. N.</b>
	<b>Shoreview, MN 55126</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Sr. Vice President</b>
5.3 STREET ADDRESS	<b>Lawrence J. Mosner</b>
5.4 CITY - ST - ZIP	<b>3680 Victoria St. N.</b>
	<b>Shoreview, MN 55126</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Treasurer</b>
6.3 STREET ADDRESS	<b>Morris Goodwin Jr.</b>
6.4 CITY - ST - ZIP	<b>3680 Victoria St. N.</b>
	<b>Shoreview, MN 55126</b>

14. I 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: \_\_\_\_\_ Thomas W. VanHimbergen 4/24/98 612/483-7111

CR2E034 (10/97)