

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824846

1. Entity Name

Deluxe Check Printers, Inc.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90075 003 \*\*\*150.00

Principal Place of Business

3680 VICTORIA ST. N.  
PO BOX 64235

Mailing Address

SAME

SHOREVIEW, MN 55126-2966  
US

2. Principal Place of Business

3. Mailing Address

-Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0216800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**AFTER MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BLANCHARD, J.A. III	
STREET ADDRESS	3680 VICTORIA ST N	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LEFEVRE, J.H.	
STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	SR VICE PRESIDENT/CFO	<input type="checkbox"/> Delete
NAME	MARTIN, LOIS	
STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MOSNER, LAWRENCE J.	
STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW, MN 55126	
TITLE	VP / TREASURER	<input type="checkbox"/> Delete
NAME	GOODWIN, MORRIS	
STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW, MN 55126	
TITLE	SR VP	<input type="checkbox"/> Delete
NAME	EILERS, RONALD E.	
STREET ADDRESS	3680 VICTORIA ST. N.	
CITY-ST-ZIP	SHOREVIEW, MN 55126	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS MARTIN

Date

5/2/00

Daytime Phone #

651/483-7111

CR2E034 (9/99)