

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 031 ***150.00

DOCUMENT # 824846

1. Entity 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 55164-0235

US



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	BLANCHARD, J.A. III	
STREET ADDRESS	3680 VICTORIA ST. NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEFEVRE, J H	
STREET ADDRESS	3680 VICTORIA ST N.	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	VANHIMBERGER, THOMAS W	
STREET ADDRESS	3680 VICTORIA ST.NORTH	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE	CIO	<input checked="" type="checkbox"/> Delete
NAME	SCHLAIS, W F	
STREET ADDRESS	3680 VICTORIA ST N	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MOSNER, LAWRENCE J	
STREET ADDRESS	3680 VICTORIA ST N	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, MORRIS J	
STREET ADDRESS	3680 VICTORIA ST N	
CITY-ST-ZIP	SHOREVIEW MN 55126	

TITLE	Chairman / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence J. Mosner	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	Sr. VP General Counsel + Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony C. Scarfone	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	Sr. VP CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas J. Treff	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	President / COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald E. Eilers	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	Vice President / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen S. Wiegert	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy C. Feltz	
STREET ADDRESS	3680 Victoria St. N.	
CITY-ST-ZIP	Shoreview, MN 55126	

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

Douglas J. Treff
Sr. VP CFO

Date

Daytime Phone #

4/24/01

651/483-7111

CR2E034 (10/00)