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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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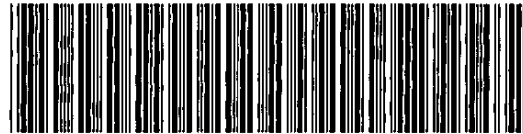
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 26 AM 10:27

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AND
FILED

D. McKnight DEC 27 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Harland Checks and Services, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joyce G. Franks

(Name of Person)

Joyce G. Franks, PC

(Firm/Company)

3195 Oak Grove Road

(Address)

Loganville, GA 30052

(City/State and Zip code)

For further information concerning this matter, please call:

Joyce G. Franks

(Name of Person)

at (678) 639-1076

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Harland Checks and Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate names adopted for the purpose of transacting business in Florida)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2191143

(FEI number, if applicable)

4. August 29, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2007

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2939 Miller Road / Decatur, GA 30035

(Principal office address)

2939 Miller Road / Decatur, GA 30035

(Current mailing address)

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8. sale of checks and related products and services to financial institutions and any and all lawful business purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jennifer F. Aultman
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: (see attached list)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: (see attached list)

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Director or Officer listed in number 12 of the application)

14.

Sarah K. Bowen, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**Harland Checks and Services, Inc.
Officers and Directors**

<u>Name</u>	<u>Title(s)</u>	<u>Business Address</u>
Timothy C. Tuff	Director, President	2939 Miller Road Decatur, GA 30035
Charles B. Carden	Director, Vice President	2939 Miller Road Decatur, GA 30035
Philip A. Theodore	Director, Vice President, Secretary	2939 Miller Road Decatur, GA 30035
Henry R. Bond	Vice President, Treasurer	2939 Miller Road Decatur, GA 30035
Donna Raines	Vice President	2939 Miller Road Decatur, GA 30035
J. Michael Riley	Vice President, Controller	2939 Miller Road Decatur, GA 30035
Sarah K. Bowen	Assistant Secretary	2939 Miller Road Decatur, GA 30035

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Control No. K525647

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

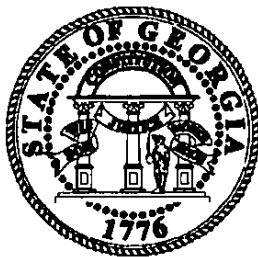
HARLAND CHECKS AND SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/29/1995 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of December, 2006

Cathy Cox
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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