

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003347

FILED
Apr 24, 2006
Secretary of State

Entity Name: DELUXE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3680 VICTORIA ST NORTH
SHOREVIEW, MN 55126

New Principal Place of Business:

Current Mailing Address:

3680 VICTORIA ST NORTH
SHOREVIEW, MN 55126

New Mailing Address:

FEI Number: 41-1877307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EILERS, RONALD E
Address: 3680 VICTORIA ST NORTH
City-St-Zip: SHOREVIEW, MN 55126

Title: S () Delete
Name: SCARFONE, ANTHONY C
Address: 3680 VICTORIA ST NORTH
City-St-Zip: SHOREVIEW, MN 55126

Title: SV () Delete
Name: SCHULTE, RICHARD L
Address: 3660 VICTORIA ST NORTH
City-St-Zip: SHOREVIEW, MN 55126

Title: CFOT () Delete
Name: TREFF, DOUGLAS J
Address: 3680 VICTORIA ST NORTH
City-St-Zip: SHOREVIEW, MN 55126

Title: AS () Delete
Name: ROWE, SHARON E
Address: 3680 VICTORIA ST. N
City-St-Zip: SAINT PAUL, MN 55126

Title: VT () Delete
Name: AGRAWAL, RAJ K
Address: 3680 VICTORIA SEN
City-St-Zip: SAINT PAUL, MN 55126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCRIBNER, BRETT E
Address: 3680 VICTORIA ST N
City-St-Zip: SHOREVIEW, MN 55126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: AGRAWAL, RAJ K
Address: 3680 VICTORIA ST N
City-St-Zip: SAINT PAUL, MN 55126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT SCRIBNER

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date