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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09167

1. Corporation Name
DE LA RUE CASH SYSTEMS INC.



Principal Place of Business
**308 29TH ST. NE
 BOX 2028
 CEDAR RAPIDS IA 52406**

Mailing Address
**308 29TH ST. NE
 BOX 2028
 CEDAR RAPIDS IA 52406**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2441 WARRENVILLE ROAD**
 Suite, Apt. #, etc.
 22 **10D**
 City & State
 23 **LISLE, IL**
 Zip
 24 **60532** Country
 25 **US**

2a. Mailing Address
 26 **2441 WARRENVILLE ROAD**
 Suite, Apt. #, etc.
 27 **10D**
 City & State
 28 **LISLE, IL**
 Zip
 29 **60532** Country
 30 **US**

3. Date Incorporated or Qualified
02/19/1986

4. FEI Number
25-1515167

5. Certificate of Status Desired **\$8.75 Additional**
 Fees Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be**
 Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 **FL** 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **VPTD TULLIO, GATTI**
 STREET ADDRESS **2441 WARRENVILLE ROAD**
 CITY-ST-ZIP **LISLE IL 60532**

TITLE DELETE
 NAME **VP HUSVAR, JAMES R**
 STREET ADDRESS **2441 WARRENVILLE RD**
 CITY-ST-ZIP **LISLE IL 60532**

TITLE DELETE
 NAME **VP MORELAND, DANIEL**
 STREET ADDRESS **5200 BLUE LAGOON DR #100**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE DELETE
 NAME **VPS KLEIMAN, KATHLEEN A**
 STREET ADDRESS **308 29TH STREET NE**
 CITY-ST-ZIP **CEDAR RAPIDS IA 52402**

TITLE DELETE
 NAME **ASAT GIMBERLINE, JACQUELINE L**
 STREET ADDRESS **308 29TH STREET NE**
 CITY-ST-ZIP **CEDAR RAPIDS IA 52402**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
S

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
P/D

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **2441 WARRENVILLE ROAD**
 3.4 CITY-ST-ZIP **LISLE, IL 60532**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
T
 6.2 NAME **JANICE O'CONNOR**
 6.3 STREET ADDRESS **2441 WARRENVILLE ROAD**
 6.4 CITY-ST-ZIP **LISLE, IL 60532**

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, with all other like empowered.

SIGNATURE: **TULLIO GATTI** 4-5-99 (630)577-1003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)