

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33974 (7)
1. Corporation Name
CHECK TECHNOLOGY CORPORATION

Principal Place of Business
12500 WHITEWATER DRIVE
MINNETONKA MN 55343-9420

Mailing Address
12500 WHITEWATER DRIVE
MINNETONKA MN 55343-9420



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1991	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-1392000	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD REZNICK, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4331 W 25TH ST	1.2 NAME	
STREET ADDRESS	ST LOUIS PARK MN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD HERMAN, JAY A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12500 WHITEWATER DR	2.2 NAME	
STREET ADDRESS	MINNETONKA MN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD GARRETT, THOMAS A., III	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1161 IVY HILLS DRIVE	3.2 NAME	
STREET ADDRESS	ST PAUL MN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V LOUISE JALMA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12500 WHITEWATER DR	4.2 NAME	
STREET ADDRESS	MINNETONKA MN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V SCHILLING, DIETER P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12500 WHITEWATER DR	5.2 NAME	
STREET ADDRESS	MINNETONKA MN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V STEPHENSON, PAUL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12500 WHITEWATER DR	6.2 NAME	
STREET ADDRESS	MINNETONKA MN	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Paul Slp* *Paul Stephenson* 5/8/97 612 939 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #