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

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33974

(7)

2a. Mailing Address

City & State

Suite, Apt #, etc.

CHECK TECHNOLOGY CORPORATION

incipal Place of Business	Mailing Address			
1 2500 W HITEWATER DRIVE	12500 WHITEWATER DRIVE			
MINNETONKA MN 55343-9420	MINNETONKA MN 55343-9420			

26

27

FILED May 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

05/09/1991

41-1392000

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Cor	intry		8. This corporation owes or has paid		angible	
24	25	29	30			Personal Property Tax due June 30		□ No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered Agent		
TH	E PRENTICE-HALL CORPORATIO	n system inc.		81 Na	ne				
120	OI HAYS STREET			82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable	·		
SUITE 105			[]	, or , to c	ous (i .c. Box (tambel to free ricoopaliste	,	į.		
TAI	LLAHASSEE FL 32301			83					
				84 Cit			75-1 700		
							FL	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								i	
<u> </u>	Signature, typed or printed name of registered ages			d Agent sign	alure require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	CO DODGOT	☐ DELETE	1.1 Ti		ļ		Change	Addition 3	
NAME	REZNICK, ROBERT		1.2 N	AME					
STREET ADDRESS	4331 W 25TH ST		1.3 S	TREET ADDRE	SS			[
CITY-ST-ZIP	8T LOUIS PARK MN			TY-ST-ZIP					
TITLE	PD	☐ DELETE	2.1 Ti	TLE			☐ Change	Addition C	
NAME	HERMAN, JAY A		2.2 N	ame					
STREET ADDRESS	12500 WHITEWATER DR		2.3 S	TREET ADDRE	ss			-	
CITY-ST-ZIP	MINNETONKA MN		2.40	ITY-ST-ZIP					
¥1TL€	SD	☐ DELETE	3.1 TI	TLE			Change	Addition	
NAME	GARRETT, THOMAS A., III		3.2 N	AMÉ	ł				
STREET ADDRESS	1161 IVY HILLS DRIVE		3.3 S	FREET ADDRE	ss			Į	
CITY-ST-ZIP	ST PAUL MN		3.4. 0	HTY-ST-ZIP					
TITLE	V	DELETE	4.1 Ti	TLE			☐ Change	☐ Addition	
NAME	LOUISE JALMA		4. 2 N	IAME	-			İ	
STREET ADDRESS	12500 WHITEWATER DR		4.3 S	TREET ADDRE	ss [
CITY-ST-ZIP	MINNETONKA MN		4.4 C	ITY-ST-ZIP	-				
TITLE	V	DELETE	511	TLE			Change	☐ Addition	
NAME	SCHILLING, DIETER P		5.2 N	AME					
STREET ADDRESS	12500 WHITEWATER DR		5.3 S	FREET ADDRE	ss			į.	
CITY-ST-ZWP	MINNETONKA MN		5.4 CI	ITY - ST - ZIP					
TITLE	<u>V</u>	DELETE	6.1 TI				☐ Change	Addition	
NAME	STEPHENSON, PAUL		6.2 N	AME					
STREET ADDRESS	12500 WHITEWATER DR		6.3 ST	TREET ADDRE	ss			ļ	
CITY-ST-ZIP	MINNETONKA MN			ITY - ST - ZIP])	
		b this tiling does not quality			tatod in S	Section 119 07/3/i) Florida Statutos 1 fu	ther partity that the	information	

rneway certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatic indicated on this aritual report or suppliemental aritual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.