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Apr 18 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 # P35849 (9)
1. Corporation Name
~~SHARED-CHECK AUTHORIZATION NETWORK INC.~~
DELUXE PAYMENT PROTECTION SYSTEMS, INC.

Principal Place of Business Mailing Address
19803 N CREEK PKWAY 19803 N CREEK PKWAY
BOTHELL WA 98011 BOTHELL WA 98011-8214

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/09/1991		04/26/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		91-1129953		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 P BIRK, TIMOTHY DELETE				1.1 TITLE Change Addition			
NAME BIRK, TIMOTHY				1.2 NAME			
STREET ADDRESS 8858 NE 145TH ST.				1.3 STREET ADDRESS			
CITY-ST-ZIP BOTHELL WA				1.4 CITY-ST-ZIP			
TITLE D TWOGOOD, JERRY XX DELETE				2.1 TITLE Change Addition			
NAME TWOGOOD, JERRY				2.2 NAME			
STREET ADDRESS 77 APPLE ORCHARD RD.				2.3 STREET ADDRESS			
CITY-ST-ZIP DELLWOOD MN				2.4 CITY-ST-ZIP			
TITLE V FABRIZIO, KENNETH DELETE				3.1 TITLE Change Addition			
NAME FABRIZIO, KENNETH				3.2 NAME			
STREET ADDRESS 8024 NE 145TH ST.				3.3 STREET ADDRESS			
CITY-ST-ZIP SNOHOMISH WA				3.4 CITY-ST-ZIP			
TITLE V PENDER, JEFFREY SCOTT DELETE				4.1 TITLE Change Addition			
NAME PENDER, JEFFREY SCOTT				4.2 NAME			
STREET ADDRESS 4503 SEAHURST				4.3 STREET ADDRESS			
CITY-ST-ZIP EVERETT WA				4.4 CITY-ST-ZIP			
TITLE V HILL, ROBERT DELETE				5.1 TITLE Change Addition			
NAME HILL, ROBERT				5.2 NAME			
STREET ADDRESS 15819 28TH DR. NE				5.3 STREET ADDRESS			
CITY-ST-ZIP MILL CREEK WA				5.4 CITY-ST-ZIP			
TITLE V GALVIN, KRISTOPHER S DELETE				6.1 TITLE Change Addition			
NAME GALVIN, KRISTOPHER S				6.2 NAME			
STREET ADDRESS 21338 SE 265TH ST.				6.3 STREET ADDRESS			
CITY-ST-ZIP KENT WA				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:

4/10/97 206 483-7500