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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

12/2/96
NC

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



Principal Place of Business: 19803 N CREEK PKWAY BOTHELL WA 98011
Mailing Address: 19803 N CREEK PKWAY 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	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWOGOOD, JERRY	2.2 NAME	BLANCHARD III, JOHN A.
STREET ADDRESS	77 APPLE ORCHARD RD.	2.3 STREET ADDRESS	3850 N VICTORIA ST
CITY-ST-ZIP	DELLWOOD MN	2.4 CITY-ST-ZIP	SHOREVIEW MN 55126
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRIZIO, KENNETH	3.2 NAME	
STREET ADDRESS	8024 NE 145TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SNOHMISH WA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, KRISTOPHER S	6.2 NAME	500002150645
STREET ADDRESS	21338 SE 265TH ST.	6.3 STREET ADDRESS	-04/22/97--01049--062
CITY-ST-ZIP	KENT WA	6.4 CITY-ST-ZIP	***165.00

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

CR2E034 (9/96)