

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35849 (9)
1. Corporation Name
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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/09/1991	
4. FEI Number 91-1129953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOIL: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BIRK, TIMOTHY	
STREET ADDRESS	8858 NE 145TH ST.	
CITY-ST-ZIP	BOTHELL WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANCHARD, JOHN A III	
STREET ADDRESS	3850 N VICTORIA ST	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FABRIZIO, KENNETH	
STREET ADDRESS	8024 NE 145TH ST.	
CITY-ST-ZIP	SNOHMISH WA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PENDER, JEFFREY SCOTT	
STREET ADDRESS	4503 SEAHURST	
CITY-ST-ZIP	EVERETT WA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILL, ROBERT	
STREET ADDRESS	15819 28TH DR. NE	
CITY-ST-ZIP	MILL CREEK WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALVIN, KRISTOPHER S	
STREET ADDRESS	21338 SE 265TH ST.	
CITY-ST-ZIP	KENT WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>VP/Treasurer</i>
4.3 STREET ADDRESS	<i>Thomas W. VanHimbergen</i>
4.4 CITY-ST-ZIP	<i>3680 Victoria St. N. Shoreview, MN 55126</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Secretary</i>
5.3 STREET ADDRESS	<i>Stephen L. Peterson</i>
5.4 CITY-ST-ZIP	<i>3680 Victoria St. N. Shoreview, MN 55126</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)