

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90078 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35849

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

2. Principal Place of Business 21	2a. Mailing Address 26 3680 VICTORIA ST. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 SHOREVIEW, MN
Zip 24	Country 29 USA

3. Date Incorporated or Qualified 10/09/1991	4. FEI Number 91-1129953	Applied For 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 the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: 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	VPT <input type="checkbox"/> DELETE
NAME	VAN HIMBERGR, THOMAS W
STREET ADDRESS	3680 VICTORIA ST N
CITY-ST-ZIP	SHOREVIEW MN 55126
TITLE	S <input type="checkbox"/> DELETE
NAME	PETERSON, STEPHEN L
STREET ADDRESS	3680 VICTORIA ST N
CITY-ST-ZIP	SHOREVIEW MN 55126
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAN HIMBERGEN, THOMAS W.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE *Thomas W. Van Humbergen* SIGNATURE **THOMAS W. VAN HIMBERGEN** 4/23/99 651/483-7111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)