

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

05-10-1999 90078 045 \*\*\*150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/09/1991

4. FEI Number  
91-1129953

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3680 VICTORIA ST. N.

22 City & State

27 SHOREVIEW, MN

23 Zip Country

28 55126 USA

24

29

30

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  
NAME BIRK, TIMOTHY  
STREET ADDRESS 8858 NE 145TH ST.  
CITY-ST-ZIP BOTHELL WA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BLANCHARD, JOHN A III  
STREET ADDRESS 3850 N VICTORIA ST  
CITY-ST-ZIP SHOREVIEW MN 55126

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME FABRIZIO, KENNETH  
STREET ADDRESS 8024 NE 145TH ST.  
CITY-ST-ZIP SNOHOMISH WA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPT  
NAME VAN HIMBERGR, THOMAS W  
STREET ADDRESS 3680 VICTORIA ST N  
CITY-ST-ZIP SHOREVIEW MN 55126

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME PETERSON, STEPHEN L  
STREET ADDRESS 3680 VICTORIA ST N  
CITY-ST-ZIP SHOREVIEW MN 55126

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  
NAME GALVIN, KRISTOPHER S  
STREET ADDRESS 21338 SE 265TH ST.  
CITY-ST-ZIP KENT WA

6.1 TITLE  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. VAN HIMBERGEN

4/23/99

651/483-7111

Daytime Phone #

CR2E034 (11/98)

0560897