

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90388 024 ***150.00

DOCUMENT # P35849
 1. Entity Name
DELUXE PAYMENT PROTECTION SYSTEMS, INC.

Principal Place of Business Mailing Address
 19603 N CREEK PKWAY 3680 VICTORIA STREET NORTH
 BOTHELL WA 98011 SHOREVIEW MN 55126-2906

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1129953** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BIRK, TIMOTHY STREET ADDRESS 8858 NE 145TH ST. CITY-ST-ZIP BOTHELL WA	<input checked="" type="checkbox"/> Delete	TITLE President NAME Debra A. Janssen STREET ADDRESS 400 W. Deluxe Parkway CITY-ST-ZIP Glendale, WI 53212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLANCHARD, JOHN A III STREET ADDRESS 3850 N VICTORIA ST CITY-ST-ZIP SHOREVIEW MN 55126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME FABRIZIO, KENNETH STREET ADDRESS 8024 NE 145TH ST. CITY-ST-ZIP SNOHMISH WA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPT NAME VAN HIMBERGEN, THOMAS W STREET ADDRESS 3680 VICTORIA ST N CITY-ST-ZIP SHOREVIEW MN 55126	<input checked="" type="checkbox"/> Delete	TITLE Vice President / Controller NAME Lois M. Martin STREET ADDRESS 3680 Victoria St. N. CITY-ST-ZIP Shoreview, MN 55126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PETERSON, STEPHEN L STREET ADDRESS 3680 VICTORIA ST N CITY-ST-ZIP SHOREVIEW MN 55126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME GALVIN, KRISTOPHER S STREET ADDRESS 21338 SE 265TH ST. CITY-ST-ZIP KENT WA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen L. Peterson **Stephen L. Peterson** Date 5/25/00 Daytime Phone # 651/483-7111

CR2E034 (9/99)