

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 FEB 27 PM 3: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36866**

**(2)**

1. Corporation Name

**CLARKE AMERICAN CHECKS, INC.**

Principal Place of Business

**10031 LAUREATE DRIVE  
SAN ANTONIO TX 78249**

Mailing Address

**P.O. BOX 460  
SAN ANTONIO TX 78282  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1991**

3a. Date of Last Report

**03/24/1994**

4. FEI Number

**74-2619107**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

Signature, typed or printed name of registered agent and the applicant

(Not for Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>D</b>                       |
| NAME            | <b>COLN, JAMES E.</b>          |
| STREET ADDRESS  | <b>10031 LAUREATE DR.</b>      |
| CITY - ST - ZIP | <b>SAN ANTONIO TX</b>          |
| TITLE           | <b>PD</b>                      |
| NAME            | <b>KORBELL, CHARLES L, JR.</b> |
| STREET ADDRESS  | <b>10031 LAUREATE DR.</b>      |
| CITY - ST - ZIP | <b>SAN ANTONIO TX</b>          |
| TITLE           | <b>VP</b>                      |
| NAME            | <b>BARBER, ROBERT O.</b>       |
| STREET ADDRESS  | <b>33 RIVERSIDE AVE.</b>       |
| CITY - ST - ZIP | <b>WESTPORT CT</b>             |
| TITLE           | <b>EVP</b>                     |
| NAME            | <b>NEINER, A. JOSEPH</b>       |
| STREET ADDRESS  | <b>10031 LAUREATE DR.</b>      |
| CITY - ST - ZIP | <b>SAN ANTONIO TX</b>          |
| TITLE           | <b>D</b>                       |
| NAME            | <b>WALKER, TIMOTHY</b>         |
| STREET ADDRESS  | <b>33 RIVERSIDE AVENUE</b>     |
| CITY - ST - ZIP | <b>WESTPORT CT</b>             |
| TITLE           | <b>V</b>                       |
| NAME            | <b>SARTWELL, JAMES S.</b>      |
| STREET ADDRESS  | <b>10031 LAUREATE DR.</b>      |
| CITY - ST - ZIP | <b>SAN ANTONIO TX</b>          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |                                                                                         |
|--------------------|--------------------------------|-----------------------------------------------------------------------------------------|
| 1. TITLE           | <b>EVP, Director</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            | <b>Terry L. Robertson</b>      |                                                                                         |
| 13 STREET ADDRESS  | <b>10931 Laureate Drive</b>    |                                                                                         |
| 14 CITY - ST - ZIP | <b>San Antonio, TX 78249</b>   |                                                                                         |
| 21 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 22 NAME            |                                |                                                                                         |
| 23 STREET ADDRESS  |                                |                                                                                         |
| 24 CITY - ST - ZIP |                                |                                                                                         |
| 31 TITLE           | <b>Secretary</b>               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME            | <b>Robert B. Leckie</b>        |                                                                                         |
| 33 STREET ADDRESS  | <b>33 Riverside Avenue</b>     |                                                                                         |
| 34 CITY - ST - ZIP | <b>Westport, CT 06880-4279</b> |                                                                                         |
| 41 TITLE           | <b>EVP, T. Director</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 42 NAME            |                                |                                                                                         |
| 43 STREET ADDRESS  |                                |                                                                                         |
| 44 CITY - ST - ZIP |                                |                                                                                         |
| 51 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 52 NAME            |                                |                                                                                         |
| 53 STREET ADDRESS  |                                |                                                                                         |
| 54 CITY - ST - ZIP |                                |                                                                                         |
| 61 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 62 NAME            |                                |                                                                                         |
| 63 STREET ADDRESS  |                                |                                                                                         |
| 64 CITY - ST - ZIP |                                |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert B. Leckie, Secretary 2/7/95 (203)341-3019**

Date

Signature/Print Name