

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-4-96

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1794

C

DOCUMENT # P36866

(2)

1. Corporation Name

CLARKE AMERICAN CHECKS, INC.



Principal Place of Business

10931 LAUREATE DRIVE  
SAN ANTONIO TX 78249

Mailing Address

P.O. BOX 460  
SAN ANTONIO TX 78292  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
12/30/1991

3a. Date of Last Report  
02/27/1995

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

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 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

~~BOB~~

☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

~~ROBERTSON, TERRY K~~

1.2 NAME

STREET ADDRESS

~~10931 LAUREATE DRIVE~~

1.3 STREET ADDRESS

CITY - ST - ZIP

~~SAN ANTONIO TX~~

1.4 CITY - ST - ZIP

TITLE

PD

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

KORBELL, CHARLES L, JR.

2.2 NAME

STREET ADDRESS

10931 LAUREATE DR.

2.3 STREET ADDRESS

CITY - ST - ZIP

SAN ANTONIO TX

2.4 CITY - ST - ZIP

TITLE

S

☐ DELETE

3.1 TITLE

Vice President & Sec'y

☐ Change ☐ Addition

NAME

~~LUCKIE, ROBERT B~~

3.2 NAME

Robert B. Leckie

STREET ADDRESS

33 RIVERSIDE AVE.

3.3 STREET ADDRESS

CITY - ST - ZIP

WESTPORT CT

3.4 CITY - ST - ZIP

TITLE

EVPT

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

NEINER, A. JOSEPH

4.2 NAME

STREET ADDRESS

10931 LAUREATE DR.

4.3 STREET ADDRESS

CITY - ST - ZIP

SAN ANTONIO TX

4.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

WALKER, TIMOTHY

5.2 NAME

STREET ADDRESS

33 RIVERSIDE AVENUE

5.3 STREET ADDRESS

CITY - ST - ZIP

WESTPORT CT

5.4 CITY - ST - ZIP

TITLE

V

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

SARTWELL, JAMES S.

6.2 NAME

STREET ADDRESS

10931 LAUREATE DR.

6.3 STREET ADDRESS

CITY - ST - ZIP

SAN ANTONIO TX

6.4 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)(k), 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:

Robert B. Leckie, V.P. & Sec'y 2/5/96

(203) 341-3019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)