

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90040 009 ***150.00

0613184 AT

DOCUMENT # P36866

1. Entity 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**

00040031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2619107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
 1406 HAYS ST.
 SUITE 2
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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 **PD** ☐ Delete
 NAME **KORBELL, CHARLES L JR.**
 STREET ADDRESS **10931 LAUREATE DR.**
 CITY-ST-ZIP **SAN ANTONIO TX**

TITLE **Vice Pres, Asst. Secretary** ☐ Change ☒ Addition
 NAME **Keener, Debra W.**
 STREET ADDRESS **10931 Laureate Dr.**
 CITY-ST-ZIP **San Antonio, Tx. 78249**

TITLE **VTS** ☐ Delete
 NAME **ELMS, KEVIN D**
 STREET ADDRESS **10931 LAUREATE DR.**
 CITY-ST-ZIP **SAN ANTONIO TX 78249**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Elms, Kevin D.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **SIMMONS, PAT M**
 STREET ADDRESS **2 CORPORATE DRIVE OFFICE #210**
 CITY-ST-ZIP **TRUMBULL CT 06611**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Smell, Sarah A.**
 STREET ADDRESS **10931 Laureate Dr.**
 CITY-ST-ZIP **San Antonio, Tx. 78249**

TITLE **V** ☐ Delete
 NAME **LECKIE, ROBERT B**
 STREET ADDRESS **10931 LAUREATE DRIVE**
 CITY-ST-ZIP **SAN ANTONIO TX 78249**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** ☐ Delete
 NAME **MICALE, WILLIAM R**
 STREET ADDRESS **10931 LAUREATE DRIVE**
 CITY-ST-ZIP **SAN ANTONIO TX 78249**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 FEB 02 (210) (697-8888)

CR2E034 (9/01)