


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90318 009 \*\*\*150.00

<b>DOCUMENT # P36866</b> 1. Entity Name <b>CLARKE AMERICAN CHECKS, INC.</b>					
Principal Place of Business <b>10931 LAUREATE DRIVE SAN ANTONIO, TX 78249</b>			Mailing Address <b>P.O. BOX 460 SAN ANTONIO, TX 78292 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPAS		TITLE		
NAME	KEENER, DEBRA W		NAME		
STREET ADDRESS	10931 LAUREATE DR.		STREET ADDRESS		
CITY - ST - ZIP	SAN ANTONIO, TX 78249		CITY - ST - ZIP		
TITLE	VS		TITLE		
NAME	ELMS, KEVIN D		NAME		
STREET ADDRESS	10931 LAUREATE DR.		STREET ADDRESS		
CITY - ST - ZIP	SAN ANTONIO, TX 78249		CITY - ST - ZIP		
TITLE	PD		TITLE		
NAME	<del>ROBBEL</del> , CHARLES L JR		NAME	Korbell	
STREET ADDRESS	10931 LAUREATE DR		STREET ADDRESS		
CITY - ST - ZIP	SAN ANTONIO, TX 78249		CITY - ST - ZIP		
TITLE	VPAS		TITLE		
NAME	LECKIE, ROBERT B		NAME		
STREET ADDRESS	10931 LAUREATE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SAN ANTONIO, TX 78249		CITY - ST - ZIP		
TITLE	VCD		TITLE	VCD	
NAME	MICALLE, WILLIAM R		NAME	Pieper, Collette C	
STREET ADDRESS	10931 LAUREATE DRIVE		STREET ADDRESS	10931 Laureate Drive	
CITY - ST - ZIP	SAN ANTONIO, TX 78249		CITY - ST - ZIP	San Antonio, TX 78249	
TITLE	VD		TITLE		
NAME	SIMMONS, PAT M		NAME		
STREET ADDRESS	2 CORPORATE DR., #210		STREET ADDRESS		
CITY - ST - ZIP	TRUMBULL, CT 06611		CITY - ST - ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____ <small>Daytime Phone #</small>		