

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36866

FILED
Jan 31, 2007
Secretary of State

Entity Name: CLARKE AMERICAN CHECKS, INC.

Current Principal Place of Business:

10931 LAUREATE DRIVE
SAN ANTONIO, TX 78249

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460
SAN ANTONIO, TX 78292 US

New Mailing Address:

FEI Number: 74-2619107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: KEENER, DEBRA W
Address: 10931 LAUREATE DR.
City-St-Zip: SAN ANTONIO, TX 78249

Title: PD () Delete
Name: DAWSON, CHARLES T
Address: 10931 LAUREATE DR
City-St-Zip: SAN ANTONIO, TX 78249

Title: SVPT () Delete
Name: FERA, PETER A
Address: 10931 LAUREATE DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: VPS () Delete
Name: LECKIE, ROBERT B
Address: 10931 LAUREATE DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: VP () Delete
Name: SIMMONS, PAT M
Address: 10931 LAUREATE DR
City-St-Zip: SAN ANTONIO, TX 78249

Title: EVP (X) Delete
Name: DAVIS, MIKE C
Address: 10931 LAUREATE DR
City-St-Zip: SAN ANTONIO, TX 78249

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: FERA, PETER A
Address: 10931 LAUREATE DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: S (X) Change () Addition
Name: NORRIS, JUDY C
Address: 10931 LAUREATE DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA W. KEENER

AS

01/31/2007

Electronic Signature of Signing Officer or Director

Date