

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821724 (2)  
1. Corporation Name  
SAFEGUARD BUSINESS SYSTEMS, INC.



Principal Place of Business 455 MARYLAND DRIVE FORT WASHINGTON PA 18034	Mailing Address 455 MARYLAND DRIVE FORT WASHINGTON PA 18034-2501
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3. Date Incorporated or Qualified 08/12/1968	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 23-1689322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
85 Zip Code  
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MASON, ELVIS L 2121 SAN JACINTO STE1000 DALLAS TX	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOMMEL, RICHARD H 455 MARYLAND DRIVE FORT WASHINGTON PA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHNEIDER, THOMAS A 455 MARYLAND DR FORT WASHINGTON PA	<input checked="" type="checkbox"/> DELETE	V CHAIRMAN, DIRECTOR, CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition G. DOUGLAS REITER 8585 N. STAMMONS FRWY SUITE 600N DALLAS TX 75247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, JEFFRY 455 MARYLAND DR FORT WASHINGTON PA	<input checked="" type="checkbox"/> DELETE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAROLD A. ROSE 8585 N. STAMMONS FRWY SUITE 600N DALLAS TX 75247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTHRIE, M., PHILIP 2121 SAN JACINTO STE1000 DALLAS TX	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS BRAUN, JAMES R 455 MARYLAND DR FORT WASHINGTON PA	<input type="checkbox"/> DELETE	VICE PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 in an attachment with an address.

SIGNATURE: James R. Braun Exec VP - Finance 4/11/97 215 641-5000  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)