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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1968	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 23-1689322	Applied For Not Applicable
24 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MASON, ELVIS L	
STREET ADDRESS	2121 SAN JACINTO STE1000	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOMMEL, RICHARD H	
STREET ADDRESS	455 MARYLAND DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA	
TITLE	VCEO	<input checked="" type="checkbox"/> DELETE
NAME	REITER, G. DOUGLAS	
STREET ADDRESS	8585 N STEMMONS FRWY SUITE 600N	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE, HAROLD A.	
STREET ADDRESS	8585 N STEMMONS FRWY, SUITE 600N	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHRIE, M., PHILIP	
STREET ADDRESS	2121 SAN JACINTO STE1000	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BRAUN, JAMES R	
STREET ADDRESS	455 MARYLAND DR	
CITY-ST-ZIP	FORT WASHINGTON PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	DALLAS, TX 75201
2.1 TITLE	SENIOR VICE PRESIDENT, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAGILL, MICHAEL D.
2.3 STREET ADDRESS	8585 N STEMMONS FRWY SUITE 600N
2.4 CITY-ST-ZIP	DALLAS, TX 75247
3.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRISCO, CAROL E.
3.3 STREET ADDRESS	455 MARYLAND DRIVE
3.4 CITY-ST-ZIP	FT WASHINGTON, PA 19034
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	DALLAS, TX 75247
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	DALLAS, TX 75201
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	SATZBERG, MICHAEL
6.4 CITY-ST-ZIP	1100 SANTA MONICA BOULEVARD SUITE 1000 LOS ANGELES, CA 90025

14. 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 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: *Carol Prisco* **Y.P. asst secretary 3/18/98 (215)641-5110**

CR2E034 (10/97)