

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

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 821724

1. Corporation Name
SAFEGUARD BUSINESS SYSTEMS, INC.



Principal Place of Business 455 MARYLAND DRIVE FORT WASHINGTON PA 19034	Mailing Address 455 MARYLAND DRIVE FORT WASHINGTON PA 19034
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1968	
4. FEI Number 23-1689322	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 25	Zip 29
Country 25	Country 30

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 **FL** 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 75201	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	MAGILL, MICHAEL D.	
STREET ADDRESS	8585 N STEMMONS FREEWAY STE 600N	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PRISCO, CAROL E.	
STREET ADDRESS	455 MARYLAND DR	
CITY-ST-ZIP	FT. WASHINGTON PA 19034	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE, HAROLD A.	
STREET ADDRESS	8585 N STEMMONS FRWY, SUITE 600N	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHRIE, M., PHILIP	
STREET ADDRESS	2121 SAN JACINTO STE1000	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SATZBERG, MICHAEL	
STREET ADDRESS	1100 SANTA MONICA BLVD STE 1000	
CITY-ST-ZIP	LOS ANGELES CA 90025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Chief Financial Officer (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	W. Mack Goforth
5.3 STREET ADDRESS	8585 N. Stemmons Frwy, Suite 600N.
5.4 CITY-ST-ZIP	Dallas, TX 75247
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *W. Mack Goforth* Assistant Secretary 4/29/99 215 641-5110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)