

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90326 021 \*\*\*150.00

**DOCUMENT # 821724**

1. Entity Name  
**SAFEGUARD BUSINESS SYSTEMS, INC.**

Principal Place of Business <b>455 MARYLAND DRIVE          FORT WASHINGTON PA 19034</b>	Mailing Address <b>455 MARYLAND DRIVE          FORT WASHINGTON PA 19034-2501</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-1689322</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>CD</b>	<input type="checkbox"/> Delete		TITLE	<b>CFO</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MASON, ELVIS L</b>			NAME	<b>W. Mack Goforth</b>		
STREET ADDRESS	<b>2121 SAN JACINTO STE1000</b>			STREET ADDRESS	<b>8585 N. Stemmons Freeway Ste 600N.</b>		
CITY-ST-ZIP	<b>DALLAS TX 75201</b>			CITY-ST-ZIP	<b>Dallas, TX 75247</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAGILL, MICHAEL D.</b>			NAME			
STREET ADDRESS	<b>8585 N STEMMONS FREEWAY STE 600N</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DALLAS TX 75247</b>			CITY-ST-ZIP			
TITLE	<b>AS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PRISCO, CAROL E.</b>			NAME			
STREET ADDRESS	<b>455 MARYLAND DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WASHINGTON PA 19034</b>			CITY-ST-ZIP			
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROSE, HAROLD A.</b>			NAME			
STREET ADDRESS	<b>8585 N STEMMONS FRWY, SUITE 600N</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DALLAS TX 75247</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GUTHRIE, M., PHILIP</b>			NAME			
STREET ADDRESS	<b>2121 SAN JACINTO STE1000</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DALLAS TX 75201</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SATZBERG, MICHAEL</b>			NAME			
STREET ADDRESS	<b>1100 SANTA MONICA BLVD STE 1000</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LOS ANGELES CA 90025</b>			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Prisco Vice President (215) 641-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Corp Controller Date 4/25/00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)