

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90417 047 \*\*\*158.75

0519925 AT

**DOCUMENT # 821724**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1689322**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>AUGUSTINE, NEIL</b>	<b>1251 AVENUE OF THE AMERICAS NEW YORK NY 10020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director	<b>Denise Taura</b>	<b>90 Montadale Dr. Princeton, NJ 08540</b>
<input type="checkbox"/> Delete	<b>D</b>	<b>COLONNETTA, JOE</b>	<b>200 CRESCENT COURT, SUITE 1600 DALLAS TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<b>Michael Magill</b>	<b>8585 Stemmons Fwy Ste 600N Dallas, TX 75247</b>
<input type="checkbox"/> Delete	<b>D</b>	<b>CORBETT, CHRIS</b>	<b>78 SALEM STREET ANDOVER MA 01810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vp	<b>Robert Wisniewski</b>	<b>455 Maryland Dr Fort Washington, Pa 19034</b>
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>MASON, ELVIS</b>	<b>2100 MCKINNEY AVE, SUITE 700LB 8 DALLAS TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S	<b>Michael Dunlap</b>	<b>8585 Stemmons Fwy Ste 600N Dallas, TX 75247</b>
<input type="checkbox"/> Delete	<b>D</b>	<b>GRILLO, TONY</b>	<b>PLEASANTVILLE ROAD NEW VERNON NJ 07976</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>JACKSON, TIM</b>	<b>110 JEFFERSON BLVD WARWICK RI 02888</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert Wisniewski* **Robert Wisniewski** **4/23/03 215 641 5237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)