

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213550548

1.) CORPORATION NAME:

Harland Clarke Corp.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1735465**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10931 LAUREATE DR
ATTN LEGAL

CITY/ST/ZIP: SAN ANTONIO, TX 78249

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|-----------------|-----------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | DANIEL SINGLETON | | | | |
| TITLE: | PRESIDENT / CEO | | | | |
| ADDRESS: | 10931 LAUREATE DR. | | | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78249 | | | | |

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|-----------------|-----------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | DENISE LALOGUE | | | | |
| TITLE: | VP/CONTROLLER | | | | |
| ADDRESS: | 10931 LAUREATE DRIVE | | | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78249 | | | | |

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| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | PAT M. SIMMONS | | | | |
| TITLE: | VICE PRESIDENT | | | | |
| ADDRESS: | 10931 LAUREATE DR. | | | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78249 | | | | |

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|-----------------|-----------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | MARTIN H. WEXLER | | | | |
| TITLE: | VP/TREASURER | | | | |
| ADDRESS: | 10931 LAUREATE DR. | | | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78249 | | | | |

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|-----------------|-----------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | DEBRA W. KEENER | | | | |
| TITLE: | SVP/ASST SEC | | | | |
| ADDRESS: | 10931 LAUREATE DR. | | | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78249 | | | | |

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|-----------------|---------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | MICHAEL C. BOROFSKY | | | | |
| TITLE: | ASST SECRETARY | | | | |
| ADDRESS: | 35 EAST 62ND STREET | | | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10065 | | | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | EDWARD P. TAIBI ASST SECRETARY 35 EAST 62ND STREET NEW YORK, NY 10065 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ALISON M. HOROWITZ ASST TREASURER 35 EAST 62ND STREET NEW YORK, NY 10065 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ADAM F. INGBER ASST TREASURER 35 EAST 62ND STREET NEW YORK, NY 10065 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | GARY ROZENSHTEYN ASST TREASURER 35 EAST 62ND STREET NEW YORK, NY 10065 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CHARLES T. DAWSON DIRECTOR 10931 LAUREATE DR. SAN ANTONIO, TX 78249 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PETER A. FERA, JR. EVP & CFO 10931 LAUREATE DR. SAN ANTONIO, TX 78249 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JUDY C. NORRIS SVP/SECRETARY 10931 LAUREATE DR. SAN ANTONIO, TX 78249 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PAUL G. SAVAS DIRECTOR 35 EAST 62ND STREET NEW YORK, NY 10065 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BARRY F. SCHWARTZ DIRECTOR 35 EAST 62ND STREET NEW YORK, NY 10065 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|---|---------------------------|
| <u>/s/ DEBRA W. KEENER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DEBRA W. KEENER, SVP/ASST SEC PRINTED NAME AND CORPORATE TITLE | <u>11/14/2012</u> DATE |
|--|---|---------------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.