

1.) CORPORATION NAME:

Harland Clarke Corp.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

	<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	

	<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	

	<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	

	<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	

	<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	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALISON M. HOROWITZ	
TITLE:	ASST TREASURER	
ADDRESS:	35 EAST 62ND STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10065	

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:	MICHAEL C. BOROFSKY 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:	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:	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:	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:	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>	<u>DEBRA W. KEENER, SVP/ASST</u>	<u>11/13/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC PRINTED NAME AND CORPORATE TITLE	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.