

1.) CORPORATION NAME:

**Harland Financial Solutions, Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1737198**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 605 CRESCENT EXECUTIVE CT.  
SUITE 600

CITY/ST/ZIP: LAKE MARY, FL 32746-

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	RAJU M. SHIVDASANI			
TITLE:	PRESIDENT			
ADDRESS:	605 CRESCENT EXECUTIVE CT. SUITE 600			
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KEITH M. RABENOLD			
TITLE:	VP / ASST SEC			
ADDRESS:	312 PLUM STREET			
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-			

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

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHARLES T. DAWSON			
TITLE:	CEO			
ADDRESS:	10931 LAUREATE DRIVE			
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-			

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A. FERA, JR. EVP / CFO 10931 LAUREATE DRIVE 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 DRIVE 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 ST NEW YORK, NY 10065-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. MICHAEL RILEY VP / CONTROLLER 2939 MILLER RD. DECATUR, GA 30035-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAT M. SIMMONS VICE PRESIDENT 10931 LAUREATE DR. SAN ANTONIO, TX 78249-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN A. JOHNSON ASST SECRETARY 400 SW 6TH AVENUE SUITE 200 PORTLAND, OR 97204-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C. BOROFKY 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:	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:	ALISON M. HOROWITZ ASST TREASURER 35 EAST 62ND STREET NEW YORK, NY 10065-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

OFFICER       DIRECTOR

NAME:                    GARY ROZENSHTEYN  
TITLE:                    ASST TREASURER  
ADDRESS:                35 EAST 62ND STREET  
CITY/ST/ZIP/CO:        NEW YORK, NY 10065-

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/ KEITH M. RABENOLD</u>	<u>KEITH M. RABENOLD, VP / ASST</u>	<u>1/9/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SEC</u> 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.