

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214507307

1.) CORPORATION NAME:

**Harland Financial Solutions, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1737198**

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.

NAME:	Gerrard Schmid	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Chairman / CEO		
ADDRESS:	939 Eglinton Avenue East, Suite 201		
CITY/ST/ZIP/CO:	Toronto, ON M4G 4H7, CA		
NAME:	Brian Kyle	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP / Secretary		
ADDRESS:	939 Eglinton Avenue East, Suite 201		
CITY/ST/ZIP/CO:	Toronto, ON M4G 4H7, CA		
NAME:	Bill Neville	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	605 Crescent Executive Court Suite 600		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	David Caldwell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	939 Eglinton Avenue East, Suite 201		
CITY/ST/ZIP/CO:	Toronto, ON M4G 4H7, CA		
NAME:	William J. Zayas	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	605 Crescent Executive Court Suite 600		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Eric Cummins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	605 Crescent Executive Court Suite 600		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		

NAME: Keith M. Rabenold TITLE: ASST SECRETARY ADDRESS: 312 Plum Street CITY/ST/ZIP/CO: Cincinnati, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: John Shatka TITLE: VP / Treasurer ADDRESS: 939 Eglinton Avenue East, Suite 201 CITY/ST/ZIP/CO: Toronto, ON M4G 4H7, CA	<input checked="" type="checkbox"/> OFFICER	<input 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.

/s/ Keith M.Rabenold	Keith M.Rabenold,	2/4/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.