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FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829357

(3)

1. Corporation Name

DATACARD CORPORATION

Principal Place of Business

11111 BREN ROAD WEST
P O BOX 8355
MINNEAPOLIS MN 55440

Mailing Address

11111 BREN ROAD WEST
P O BOX 8355
MINNEAPOLIS MN 55440-9355



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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3. Date Incorporated or Qualified

01/18/1973

3a. Date of Last Report

04/10/1996

4. FEI Number

41-0950297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

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84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME
FALKENHAUSEN, H.F. VON
STREET ADDRESS
SEEDAMMWEG 55
CITY - ST - ZIP
WEST GERMANY

TITLE ☐ DELETE

S
NAME
FINN, THOMAS
STREET ADDRESS
16915 28TH AVE NO.
CITY - ST - ZIP
PLYMOUTH MN

TITLE ☐ DELETE

PCO
NAME
HIGHLAND, GLENN W.
STREET ADDRESS
180 W. LAKE ST.
CITY - ST - ZIP
EXCELSIOR MN

TITLE ☐ DELETE

V
NAME
DAVENPORT, LOU
STREET ADDRESS
3521 45TH AVENUE SOUTH
CITY - ST - ZIP
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lou B. Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou B. Davenport, VP, Treasurer

03/31/97 612/933-1223

Date

Daytime Phone #

0481080

CR2E034 (9/96)