2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # 829357** 1. Entity Name DATACARD CORPORATION 04-22-2000 90008 004 ***150.00 Mailing Address Principal Place of Business 11111 BREN ROAD WEST 11111 BREN ROAD WEST MINNEAPOLIS MN 55343-015 MINNEAPOLIS MN 55343-9015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 41-0950297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ← Change TITLE ☐ Delete NAME NAME FALKENHAUSEN, H.F. VON STREET ADDRESS STREET ADDRESS SEEDAMMWEG 55 CITY-ST-ZIP CITY-ST-ZIP **WEST GERMANY** ___]-Change ☐ Addition ☐ Delete TITLE TITLE NAME THOM, GREGORY STREET ADDRESS STREET ADDRESS 1056 128TH AVE NW CITY-ST-ZIP CITY-ST-ZIP COON RAPIDS MN 55448 PCO A Delete (X) Change Addition TITLE TITLE **PCO** JOHNSON, JEROME E NAME NAME HIGHLAND, GLENN W. 6130 BERKSHIRE LANE N STREET ADDRESS STREET ADDRESS 180 W. LAKE ST. CITY-ST-ZIP CITY-ST-7IP PLYMOUTH MN 55446 **EXCELSIOR MN** TITLE ☐ Change □ Addition Delete TITLE DAVENPORT, LOU NAME NAME STREET ADDRESS STREET ADDRESS 3521 45TH AVENUE SOUTH CITY-ST-7IP CITY-ST-ZIP <u>Minneapolis Mn</u> ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treas.& VP/Tax

04/12/2000 952-933-1223

☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #