## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 829357**

Entity Name: DATACARD CORPORATION

DAVENPORT, LOU

MINNEAPOLIS, MN

3521 45TH AVENUE SOUTH

Name:

Address:

City-St-Zip:

FILED Apr 08, 2002 8:00 AM Secretary of State

Current P	e of Business:	New Prin	New Principal Place of Business:			
11111 BREN ROAD WEST MINNEAPOLIS, MN 55343015 US				11111 BREN ROAD WEST MINNEAPOLIS, MN 553439015 US		
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
11111 BREN ROAD WEST MINNEAPOLIS, MN 55343015 US				11111 BREN ROAD WEST MINNEAPOLIS, MN 553439015 US		
FEI Number:	: 41-0950297	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PII PLANTATI The above		OAD 4	ourpose of changing	its register	ed office or registered agent, or both,	
	e of Florida.					
SIGNATUR	nic Signature of Registered Ag	ent	Date			
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ( ).	uirement and elects to	do so (X).		
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HATIM, TYABJ 28130 STORY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( THOM, GREGO 1056 128TH A' COON RAPIDS	VE NW	Title: Name: Address: City-St-Zip:		(X) Change ()Addition NDREA TINGTON AVE PARK, MN 55416	
Title: Name: Address: City-St-Zip:	JOHNSON, JÈ	IRE LANE NORTH	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	V (	) Delete	Title:	V	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DAVENPORT, LOU

3521 45TH AVENUE SOUTH

MINNEAPOLIS, MN 55406

SIGNATURE: LOU DAVENPORT V 04/08/2002