## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 829357** 

Title:

Name:

Address:

City-St-Zip:

Entity Name: DATACARD CORPORATION

FILED Apr 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11111 BREN ROAD WEST MINNEAPOLIS, MN 553439015 US **Current Mailing Address: New Mailing Address:** 11111 BREN ROAD WEST MINNEAPOLIS, MN 553439015 US FEI Number: 41-0950297 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HATIM, TYABJI Name: Name: 28130 STORY HILL LANE Address: Address: City-St-Zip: LOS ALTOS HILLS, CA 94022 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SNOOK, ANDREA Name: 3725 HUNTINGTON AVE Address: Address: ST LOUIS PARK, MN 55416 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition PCO ( ) Delete CFO HATIM, TYABJI JEFFREY, HATTARA J CFO Name: Name: 28130 STORY HILL LANE 1592 HOMESTEAD TRAIL Address: Address: City-St-Zip: LOS ALTOS HILLS, CA 94022 City-St-Zip: MEDINA, MN 55356

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOU DAVENPORT V 04/19/2005

( ) Delete

3521 45TH AVENUE SOUTH

MINNEAPOLIS, MN 55406

DAVENPORT, LOU

() Change () Addition