2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90292 043 ***150.00

DOCUMENT # 829357

1. Entity Name
DATACARD CORPORATION

Principal Place of Business	Mailing Address
11111 BREN ROAD WEST MINNEAPOLIS, MN 55343-9015 US	11111 BREN ROAD WEST MINNEAPOLIS, MN 55343-9015 US

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0950297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HATIM, TYABJI
STREET ADDRESS	28130 STORY HILL LANE
CITY-ST-ZIP	LOS ALTOS HILLS, CA 94022
TITLE	S
NAME	SNOOK, ANDREA
STREET ADDRESS	3725 HUNTINGTON AVE
CITY-ST-ZIP	ST LOUIS PARK, MN 55416
TITLE	CEO
NAME	JEFFREY, HATTARA J ~~CFO~~
STREET ADDRESS	1592 HOMESTEAD TRAIL
CITY-ST-ZIP	MEDINA, MN 55356
TITLE	V
NAME	DAVENPORT, LOU
STREET ADDRESS	3521 45TH AVENUE SOUTH
CITY-ST-ZIP	MINNEAPOLIS, MN 55406
TITLE	CFO
NAME	WILKINSON, TODD G.
STREET ADDRESS	6626 POINTE LAKE LUCY
CITY-ST-ZIP	CHANHASSEN MN 55317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ LOU DAVENPORT, VP 04/10/2006 952/933-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #