

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829357

FILED
Apr 03, 2008
Secretary of State

Entity Name: DATACARD CORPORATION

Current Principal Place of Business:

11111 BREN ROAD WEST
MINNEAPOLIS, MN 55343 US

New Principal Place of Business:

Current Mailing Address:

11111 BREN ROAD WEST
MINNEAPOLIS, MN 55343 US

New Mailing Address:

FEI Number: 41-0950297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: NYBERG, LARS
Address: 11111 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

Title: S () Delete
Name: SNOOK, ANDREA
Address: 3725 HUNTINGTON AVE
City-St-Zip: ST LOUIS PARK, MN 55416

Title: CEO () Delete
Name: JEFFREY, HATTARA J
Address: 1592 HOMESTEAD TRAIL
City-St-Zip: MEDINA, MN 55356

Title: V () Delete
Name: DAVENPORT, LOU
Address: 3521 45TH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55406

Title: CFO () Delete
Name: WILKINSON, TODD G
Address: 6626 POINTE LAKE LUCY
City-St-Zip: CHANHASSEN, MN 55317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TIBBITS, LISA
Address: 3443 OLIVE LANE N
City-St-Zip: PLYMOUTH, MN 55447

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LOU DAVENPORT

V

04/03/2008

Electronic Signature of Signing Officer or Director

Date