2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 829357

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CEO	(X) Change ( ) Addition
Name:	WILKINSON, TODD G	
Address:	6626 POINTE LAKE LUCY	
City-St-Zip:	CHANHASSEN, MN 55317	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	ISHAUG, KURT	
Address:	9117 BRAXTON DR	
City-St-Zip:	EDEN PRAIRIE, MN 55347	
Title:	VP	( ) Change (X) Addition
Name:	SCHNAUS, MICHAEL J	
Address:	6212 ST ALBANS CIRCLE	
City-St-Zip:	EDINA, MN 55439	

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 04/14/2009

Electronic Signature of Signing Officer or Director Date