2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003
Secretary of State

DOCUMENT# 829357

Entity Name: DATACARD CORPORATION

Current Principal Place of Business:

11111 BREN ROAD WEST
MINNEAPOLIS, MN 553439015 US

New Principal Place of Business:

Current Mailing Address:

11111 BREN ROAD WEST
MINNEAPOLIS, MN 553439015 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:

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

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: HATIM, TYABJI
Address: 28130 STORY HILL LANE
City-St-Zip: LOS ALTOS HILLS, CA 94022

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

Title: PCO ( ) Delete
Name: JOHNSON, JEROME E
Address: 6130 BERKSHIRE LANE NORTH
City-St-Zip: PLYMOUTH, MN 55446

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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.

SIGNATURE: LOU B. DAVENPORT VP 04/02/2003

Electronic Signature of Signing Officer or Director — Date