


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 025 ***150.00

DOCUMENT # F04000002538 1. Entity Name ONTRACK DATA RECOVERY, INC.					
Principal Place of Business 9023 COLUMBINE ROAD EDEN PRAIRIE, MN 55347			Mailing Address 9023 COLUMBINE ROAD EDEN PRAIRIE, MN 55347		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD		TITLE		
NAME	CHERKASKY, MICHAEL G		NAME		
STREET ADDRESS	9023 COLUMBINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55347		CITY-ST-ZIP		
TITLE	V		TITLE		
NAME	FORD, STEVE		NAME		
STREET ADDRESS	9023 COLUMBINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55347		CITY-ST-ZIP		
TITLE	VS		TITLE	V/S/D	
NAME	PEREL, SABRINA H		NAME		
STREET ADDRESS	9023 COLUMBINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55347		CITY-ST-ZIP		
TITLE	PT		TITLE	P/C/T/D	
NAME	ALLEN, BEN		NAME		
STREET ADDRESS	9023 COLUMBINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55347		CITY-ST-ZIP		
TITLE			TITLE	V	
NAME			NAME	Tom Skiba	
STREET ADDRESS			STREET ADDRESS	9023 Columbine Road	
CITY-ST-ZIP			CITY-ST-ZIP	Eden Prairie, MN 55347	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Benjamin F. Allen</i>			04/04/05 952-937-1107		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		