



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 97092		2. Name of Corporation Media Recovery of Delaware, Inc.			
3. Street Address Principal Business Office 510 Corporate Drive			City Graham	State TX	Zip 76450
4. Business Phone No. 940-549-5462		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales of data storage media					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerard Smith			Vice President Name David Chisum		
Street Address 510 Corporate Drive			Street Address 510 Corporate Drive		
City Graham	State TX	Zip 76450	City Graham	State TX	Zip 76450
Secretary Name David Chisum			Treasurer Name David Chisum		
Street Address 510 Corporate Drive			Street Address 510 Corporate Drive		
City Graham	State TX	Zip 76450	City Graham	State TX	Zip 76450
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerard Smith			Director Name		
Street Address 510 Corporate Drive			Street Address		
City Graham	State TX	Zip 76450	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares 1	Class/Series Comm	Par Value No Par

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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date APR 16 2012

Check No. 168782 11:22

By: DM

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Dalia McBride 1-20-12
Signature Date

Dalia McBride
Print or Type Name

Tax Manager
Title