

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 008 ***150.00

DOCUMENT # F04000002537



1. Entity Name
KROLL ONTRACK, INC.

Principal Place of Business Mailing Address
9023 COLUMBINE ROAD 9023 COLUMBINE ROAD
EDEN PRAIRIE, MN 55347 EDEN PRAIRIE, MN 55347

00021433



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

4. FEI Number **41-1521650** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERKASKY, MICHAEL G			NAME			
STREET ADDRESS	9023 COLUMBINE ROAD			STREET ADDRESS	900 Third Ave		
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347			CITY - ST - ZIP	New York, NY 10022		
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREL, SABRINA H			NAME			
STREET ADDRESS	9023 COLUMBINE ROAD			STREET ADDRESS	900 Third Ave		
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347			CITY - ST - ZIP	New York, NY 10022		
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BEN			NAME			
STREET ADDRESS	9023 COLUMBINE ROAD			STREET ADDRESS			
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347			CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIBA, TOM			NAME			
STREET ADDRESS	9023 COLUMBINE ROAD			STREET ADDRESS			
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Gregory A. Olson		
STREET ADDRESS				STREET ADDRESS	9023 Columbine Road		
CITY - ST - ZIP				CITY - ST - ZIP	Eden Prairie, MN 55347		
TITLE		<input type="checkbox"/> Delete		TITLE	Vice President/Chief Financial Officers/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Michael Hellriegel		
STREET ADDRESS				STREET ADDRESS	900 Third Ave		
CITY - ST - ZIP				CITY - ST - ZIP	New York, NY 10022		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Benjamin F. Allen 4/10/06 952-937-1107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #