

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>04/30/2010</u>			
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☒ the final return/report; ☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>DATAMAX CORPORATION CODE SECTION 401(K) PROFIT SHARING PLAN AND TRUST</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>09/01/1991</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)			2b Employer Identification Number (EIN) <u>59-2447125</u>
			2c Sponsor's telephone number <u>407-578-8007</u>
<u>4501 PARKWAY COMMERCE BLVD.</u> <u>ORLANDO, FL 32808</u>			2d Business code (see instructions) <u>334110</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2011	CARTER WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2011	CARTER WILLIAMS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DATAMAX CORPORATION 4501 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808	3b Administrator's EIN 59-2447125 3c Administrator's telephone number 407-578-8007
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	371
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/30/2010	
A Name of plan DATAMAX CORPORATION CODE SECTION 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DATAMAX CORPORATION	D Employer Identification Number (EIN) 59-2447125

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....	☒ Yes ☐ No
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b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STANCORP FINANCIAL GROUP
93-1253576

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 50	NONE	15122	Yes ☒ No ☐	Yes ☐ No ☒	862	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

BOGDAHN GROUP

340 WEST CENTRAL AVENUE
WINTER HAVEN, FL 32808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/30/2010					
A Name of plan DATAMAX CORPORATION CODE SECTION 401(K) PROFIT SHARING PLAN AND TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DATAMAX CORPORATION				D Employer Identification Number (EIN) 59-2447125	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): SEI PRIVATE TRUST COMPANY					
c EIN-PN 23-7654996-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/30/2010		
A Name of plan DATAMAX CORPORATION CODE SECTION 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DATAMAX CORPORATION	D Employer Identification Number (EIN) 59-2447125	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105687	0
(2) Participant contributions	1b(2)	24584	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	595750	0
(9) Value of interest in common/collective trusts.....	1c(9)	1616994	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13549577	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15892592	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15892592	0
---	-----------	----------	---

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	54142	
(B) Participants	2a(1)(B)	213905	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		268047

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3338	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7052	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10390

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	53445	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		53445

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		541064
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		872946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	390064	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		390064
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	15122	
(3) Investment advisory and management fees	2i(3)	12000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27122
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		417186

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		455760
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		16348352

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒	☐	25290
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☒	☐	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DOVER CORPORATION RETIREMENT SAVINGS PLAN	53-0257888	030

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/30/2010

A Name of plan <u>DATAMAX CORPORATION CODE SECTION 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DATAMAX CORPORATION</u>	D Employer Identification Number (EIN) <u>59-2447125</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>58-1428634</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Financial Report
04.02.2010

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Independent Auditor's Report

To the Plan Administrator
Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust
Orlando, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of the Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust (the "Plan") as of April 2, 2010 and December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the period from January 1, 2010 through April 2, 2010 and for the year ended December 31, 2009, and the supplemental schedules of (1) delinquent participant contributions for the period from January 1, 2010 through April 2, 2010, (2) assets (held at end of year) as of December 31, 2009 and (3) reportable transactions for the period from January 1, 2010 through April 2, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified or provided by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of April 2, 2010 and December 31, 2009 and 2008, and for the period from January 1, 2010 through April 2, 2010, and for the year ended December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 5 to the financial statements, the Board of Directors of Datamax-O'Neil Corporation, the Plan's Sponsor, voted to merge the Plan assets into the Dover Corporation Retirement Savings Plan ("Dover Plan") effective April 1, 2010. All Plan assets were transferred to the Dover Plan on April 2, 2010.

McGladrey & Pullen, LLP

Orlando, Florida
February 14, 2011

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

April 2, 2010, December 31, 2009 and December 31, 2008

	April 2, 2010	December 31, 2009	December 31, 2008
Assets:			
Investments, at fair value (Notes 3 and 4):			
Shares of registered investment companies (mutual funds)	\$ -	\$ 13,549,577	\$ 10,087,287
Common or collective trust	-	1,542,122	1,453,106
Total investments	-	15,091,699	11,540,393
Receivables:			
Employer's contributions	-	105,687	95,541
Participants' contributions	-	24,584	-
Notes from participants	-	595,750	669,813
Total receivables	-	726,021	765,354
Cash	-	-	3,523
Net assets available for benefits at fair value	-	15,817,720	12,309,270
Adjustment from fair value to contract value for fully benefit-responsive investment contract	-	74,872	141,090
Net assets available for benefits	\$ -	\$ 15,892,592	\$ 12,450,360

See Notes to Financial Statements.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Statements of Changes in Net Assets Available for Benefits

Period from January 1, 2010 through April 2, 2010 and Year Ended December 31, 2009

	April 2, 2010	December 31, 2009
Additions:		
Investment income (Note 3):		
Net appreciation in fair value of investments	\$ 541,064	\$ 2,863,729
Interest and dividends	63,835	335,710
Total investment income	604,899	3,199,439
Contributions:		
Participants'	213,905	922,876
Employer's	54,142	409,499
Total contributions	268,047	1,332,375
Deductions:		
Benefits paid to participants	390,064	1,035,143
Administrative expenses (Note 6)	27,122	54,439
Total deductions	417,186	1,089,582
Net increase during the year	455,760	3,442,232
Merger of Plan assets into another qualified plan (Notes 1 and 5)	(16,348,352)	-
Net assets available for benefits:		
Beginning	15,892,592	12,450,360
Ending	\$ -	\$ 15,892,592

See Notes to Financial Statements.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust (the "Plan"), as amended and restated effective January 1, 2010, provides only general information. Effective April 1, 2010, the Plan was merged with the Dover Corporation Retirement Savings Plan ("Dover Plan") (see Note 5). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan was a defined contribution plan covering substantially all eligible employees of Datamax-O'Neil Corporation (formerly known as Datamax Corporation) (the "Company", "Employer", or "Plan Sponsor"). Employees who had attained the age of 18 became eligible to participate in the Plan beginning on January 1, April 1, July 1, or October 1, immediately following completion of 90 days of service with the Company. Effective January 1, 2010, all eligible employees who had attained the age of 21 became eligible to participate in the Plan immediately. Part-time employees who had attained the age of 21 became eligible after completing one year of service. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Prior to the merger (see Note 5), plan participants voluntarily contributed, on a pre-tax basis, an unlimited percentage of their qualified compensation to the Plan (up to the Internal Revenue Service (IRS) maximum allowable amount). Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions subject to certain limitations and restrictions as determined by the IRS. Participants also were allowed to roll over amounts representing distributions from other qualified defined benefit or defined contribution plans. All investments were participant directed. The maximum allowable pre-tax voluntary contribution, as determined by the IRS, was \$16,500 for 2010 and 2009.

Prior to January 1, 2010, the Plan provided for a Company match on employee contributions up to 5% of the participant's annual compensation, at a rate of 200% of the first \$100 contributed and 50% of contributions in excess of \$100. Effective January 1, 2010, the Company's match equaled 50% of the participant's elective deferrals up to 6% of the participant's annual compensation. In addition, the Company had the option to make profit sharing contributions at the discretion of the Company's Board of Directors to participants who were employed by the Company as of the last day of the calendar year and who worked a minimum of 1,000 hours during the year. The discretionary profit sharing contribution for 2009 and 2008 totaled \$79,345 and \$82,226, respectively, and was included as part of employer contribution receivable as of December 31, 2009 and 2008 in the accompanying statements of net assets available for benefits. There were no discretionary profit sharing contributions remitted during the period from January 1, 2010 through April 2, 2010. Contributions were subject to certain limitations.

Participant accounts: Prior to the merger (see Note 5), individual accounts were maintained for each participant. Each participant's account was credited with the participant's contribution, their pro rata share of the Company's matching and discretionary profit sharing contributions (if any), and an allocation of Plan earnings (including market value adjustments to Plan investments) and charged with allocations of Plan losses and administrative expenses. Allocations were based on participant compensation or account balances, as defined by the Plan agreement. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Vesting: Participants were immediately 100% vested in their voluntary contributions and rollover contributions, plus or minus actual earnings or losses thereon. Prior to January 1, 2010, the Company's matching and discretionary profit sharing contributions (and earnings or losses thereon), vested according to the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

Effective January 1, 2010, the Plan was amended to allow participants to become fully vested in the Company's matching and discretionary profit sharing contributions. Participant accounts became fully vested regardless of the above vesting schedule upon death, disability, attainment of normal retirement age, or upon termination of the Plan.

Investment options: Upon enrollment in the Plan, a participant was able to direct participant and employer contributions in a variety of investment options as more fully described in the Plan's literature. Participants could change their contribution percentage and investment options or make fund transfers at any time.

Participant loans: Prior to the merger (see Note 5), participants could have borrowed from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance in the Plan. A participant could not have more than one loan outstanding at any time. The loans were collateralized by the balance in the participant's account and had a reasonable fixed rate of interest (equal to the prime rate at the date of issuance of the loan) which ranged from 3.25% to 9.25% as of December 31, 2009. Principal and interest were paid ratably through weekly payroll deductions. All loans were repaid within a period of five years, except loans to acquire the participant's principal residence, which were repaid in a reasonable period of time, not to exceed twelve years.

Payment of benefits: Prior to the merger (see Note 5), distributions of a participant's account were made upon retirement from the Company, in cases of financial hardship, termination from service with the Company, death or permanent and total disability. Participants still employed who had reached the age 59½ and were 100% vested were eligible for an in-service distribution of all or a portion of their vested balance. The normal retirement age, as defined by the Plan, was 55. If a participant terminates before retirement, the participant would have received a lump sum payment of their account balance or if the account exceeds \$1,000, the participant could elect any distribution up to age 70½.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Forfeitures of accounts: Prior to January 1, 2010, any non-vested participant account balance remaining after the distribution of a terminated participant's vested account balance was forfeited. Forfeitures of participants' non-vested account balances were used to reduce the Company's contributions to the Plan during the year in which the forfeiture occurs. As of April 2, 2010, December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately \$0, \$34,800 and \$32,700, respectively. During the year ended December 31, 2009, approximately \$13,300 were used to reduce the Company's contributions. No forfeitures were used to reduce the Company's contributions for the period from January 1, 2010 through April 2, 2010. As a result of the merger (see Note 5), forfeitures amounting to approximately \$34,800 were transferred to the Dover Plan on April 2, 2010.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits, is prepared on a contract value basis with respect to fully benefit-responsive investment contracts.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Interest income was recorded on the accrual basis as earned. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the period (i.e. unrealized appreciation (depreciation)). Purchases and sales of securities were recorded on a trade-date basis. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments during the period.

Payments of benefits: Benefits were recorded when paid.

Administrative expenses: Certain administrative, recordkeeping, and trustee expenses of the Plan were paid directly from the Plan assets. The remaining costs, such as audit and legal fees, were paid by the Company and were not paid from the assets of the Plan; and accordingly, are not reflected in the accompanying financial statements.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Adoption of new accounting pronouncements: In April 2009, the Financial Accounting Standards Board ("FASB") issued additional guidance on the disclosure requirements of fair value measurements including defining major categories of debt and equity securities. The Plan adopted the enhanced disclosure requirements of this standard during the year ended of December 31, 2009. The adoption did not have a material impact on the Plan's financial statements. See Note 4 for the impact of adoption.

The FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance during the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements.

In May 2009, the FASB issued Statement of Financial Accounting Standards No. 165, *Subsequent Events* ("SFAS 165"). SFAS 165 establishes authoritative accounting and disclosure guidance for recognized and non-recognized subsequent events that occur after the statement of net assets available for benefits date but before financial statements are issued. SFAS 165 also requires disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. SFAS 165 was effective for annual periods ending after June 15, 2009, and should be applied prospectively. The Plan Administrator has evaluated subsequent events through February 14, 2011, the date the financial statements were available to be issued.

In June 2009, the FASB issued guidance on the Accounting Standards Codification and the hierarchy of generally accounting principles (issued as SFAS No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (GAAP) – a replacement of FASB Statement No. 162*) which established the FASB Standards Accounting Codification ("Codification") as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with GAAP. The Codification superseded all the existing non-SEC accounting and reporting standards upon its effective date and subsequently, the FASB will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. This guidance also replaces the prior guidance regarding the GAAP hierarchy, given that all the guidance within the Codification will carry the same level of authority. The Codification is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan adopted the guidance effective with the issuance of the accompanying financial statements. As the guidance is limited to disclosure in the financial statements and the manner in which the Plan refers to GAAP authoritative literature there was no material impact on the Plan's financial statements.

In September 2009, the FASB issued Accounting Standards Update ("ASU") No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*, which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for periods ending after December 15, 2009, with early adoption permitted. The Plan adopted these amendments effective January 1, 2009. The adoption did not have an impact on the Plan's financial statements.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

In September 2010, the FASB issued an amendment, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010 with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2009, and retrospectively applied to December 31, 2008. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling \$595,750 and \$669,813 from investments to notes receivable from participants as of December 31, 2009 and 2008, respectively. There was no impact to net assets as of December 31, 2009 or 2008, as a result of the adoption of ASU 2010-25.

Note 3. Investment Information Certified and Provided by Trustee

The following is a summary of the investment information as of April 2, 2010, December 31, 2009 and 2008, and for the period of January 1, 2010 through April 2, 2010 and the year ended December 31, 2009, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information certified or provided by Reliance Trust Company ("Reliance"), the trustee under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments and investment activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedules.

The following table presents the fair value of investments in this Plan as of December 31, 2009 and 2008 that were certified by Reliance. Due to the merger of the Plan, there were no assets held by the Plan as of April 2, 2010 (see Note 5). Single investments representing more than 5% of the Plan's net assets are separately identified:

Description	April 2, 2010	December 31, 2009	December 31, 2008
Vanguard Total Stock Market Index Fund Signal	\$ -	\$ 2,609,434	\$ 1,909,172
Dodge & Cox Stock Fund	-	1,995,548	1,560,826
Dodge & Cox Income Fund	-	1,855,947	1,522,684
Vanguard International Value Fund Investor	-	1,711,905	1,309,148
Vanguard Morgan Growth Fund Admiral	-	1,621,557	1,147,525
SEI Stable Asset Fund*	-	1,542,122	1,453,106
Royce Value Fund SVC	-	1,415,478	862,800
Other	-	2,339,708	1,775,132
Total	\$ -	\$ 15,091,699	\$ 11,540,393

*Reliance also certified the contract value of this investment at \$1,616,994 and \$1,594,196, as of December 2009 and 2008, respectively.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 3. Investment Information Certified and Provided by Trustee (Continued)

Reliance also certified to the completeness and accuracy of \$541,064 and \$2,863,729 of net appreciation in fair value of investments and \$56,783 and \$299,708 of interest and dividends related to the aforementioned investments for the period from January 1, 2010 through April 2, 2010 and for the year ended December 31, 2009, respectively. Interest and dividends on the statement of changes in net assets available for benefits includes \$7,052 and \$36,002 of interest on participant loans, which were not certified by the trustee.

During 2010 and 2009, the Plan's shares of registered investment companies (mutual funds) (including gains and losses on investments bought and sold, as well as those held during the year) appreciated in fair value by \$541,064 and \$2,863,729, respectively.

Note 4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Shares of registered investment companies (mutual funds): Shares of registered investment companies are mutual funds and are valued at the closing price reported on the active market on which the individual securities are traded.

Common or collective trust: Valued at the unit values quoted by the trusts invested in. Those trusts primarily invest in guaranteed investment contracts (GIC's), security-backed contracts and other collective trust funds. The fair value of the GIC's are based on the present value of future cash flows using the current discount rate. The fair value of the security-backed contracts and other collective trust funds are based on the fair value of the underlying securities and the fair value of the wrapper contracts.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by main type and level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2009 and 2008:

December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity	\$ 10,468,512	\$ -	\$ -	\$ 10,468,512
Fixed income	3,081,065	-	-	3,081,065
Common or collective trust	-	1,542,122	-	1,542,122
Total	\$ 13,549,577	\$ 1,542,122	\$ -	\$ 15,091,699

December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity	\$ 7,565,959	\$ -	\$ -	\$ 7,565,959
Fixed income	2,521,328	-	-	2,521,328
Common or collective trust	-	1,453,106	-	1,453,106
Total	\$ 10,087,287	\$ 1,453,106	\$ -	\$ 11,540,393

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth a summary of the Plan's investment for which fair value is estimated using the net asset value per share as of December 31, 2009:

	Fair Value Estimated Using Net Asset Value Per Share				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Restrictions	Redemption Notice Period
Common or collective trust (a)	\$ 1,542,122	\$ -	Daily	None	12 months*

(a) The common or collective trust fund seeks to provided high current income with the presevation of capital.

*The fund requires a 12-months redemption notice period. If the redemption notice period is given with less than 12-months in advance, the fund may liquidate at fair value. Due to the Plan merger (see Note 5), the fund was liquidated at contract value.

Note 5. Plan Merger and Termination

The Company's Board of Directors voted to merge the assets of the Plan into the Dover Retirement Savings Plan. As a result of the merger, net assets amounting to approximately \$16,348,000 were transferred to the Dover Plan on April 2, 2010.

Plan participants' prior years of service will be recognized under the Dover Plan for vesting, eligibility and matching purposes and there will be no reduction in the vested portion of any participants' accounts as a result of the merger. Subsequent to the merger, the Plan, which had no remaining net assets available for benefits, was terminated.

Note 6. Parties-in-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions remitted by the Company are considered party-in-interest transactions. Reliance Trust Company, Standard Retirement Services, and the Bogdahn Group serve as the trustee, recordkeeper and investment advisor of the Plan, respectively. Fees paid by the Plan for trustee, recordkeeper, and investment advisory services amounted to approximately \$27,100 and \$54,400 for the period from January 1, 2010 through April 2, 2010 and for the year ended December 31, 2009, respectively. Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 7. Tax Status

The Plan had adopted a nonstandardized form of a prototype plan sponsored by Gray, Harris & Robinson, P.A. The prototype plan had received an opinion letter, dated August 30, 2001 from the Internal Revenue Service as to the prototype plan's qualified status. The prototype opinion letter had been relied upon by this Plan. The Plan had been amended since the date of the determination. The Plan Administrator believed the Plan, as amended, was designed and operating in compliance with the applicable provisions of the Internal Revenue Code such that its tax exempt status had been maintained.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Note 8. Prohibited Transactions

During 2010, the Plan Sponsor inadvertently failed to deposit \$25,290 of participant deferrals within the required time frame as stated by the United States Department of Labor ("DOL"). The DOL considers late deposits to be prohibited transactions. The Plan Sponsor will file a Form 5330 and pay all of the lost earnings and applicable excise taxes during 2011. The excise tax payments will be made from the Plan Sponsor's assets and not from the assets of the Plan.

Note 9. Reconciliation of Financial Statements to the Form 5500

Fully benefit-responsive investment contracts are reported at fair value in the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, with a corresponding adjustment of net assets available for benefits from fair value to contract value for those investments. Fully benefit-responsive investment contracts are reported at contract value in the schedule of net assets in the Form 5500. This adjustment had no impact on net assets available for benefits for both years.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

**Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Period from January 1, 2010 through April 2, 2010**

Participant contributions transferred late to Plan \$25,290	Total that constitute prohibited nonexempt transactions \$25,290			
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
✓ 2010	\$ 25,290	\$ -	\$ -	\$ -

Participant contributions were remitted untimely during the period from January 1, 2010 through April 2, 2010. Lost earnings will be remitted during 2011. A Form 5330 will be filed along with the applicable excise taxes during 2011.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date Rate of Interest, Collateral, Par of Maturity, Value	(d) Cost	(e) Current Value
		Shares of registered investment companies (mutual funds):		
	Vanguard	Vanguard Total Stock Market Index Fund Signal	**	\$ 2,609,434
	Dodge & Cox Funds	Dodge & Cox Stock Fund	**	1,995,548
	Dodge & Cox Funds	Dodge & Cox Income Fund	**	1,855,947
	Vanguard	Vanguard International Value Fund Investor	**	1,711,905
	Vanguard	Vanguard Morgan Growth Fund Admiral	**	1,621,557
	The Royce Funds	Royce Value Fund SVC	**	1,415,478
	Loomis Sayles	Loomis Sayles Bond Fund Retail	**	688,015
	American Century Investments	American Century Inflation Adjusted Bond Fund IV	**	537,103
	Invesco AIM	AIM Real Estate Fund	**	478,906
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	**	635,684
		Common or collective trust:		
	SEI Trust Company	SEI Stable Asset Fund	**	1,542,122
				<u>\$15,091,699</u>

** Cost information is not required for participant directed investments.

Datamax Corporation Code Section 401(k) Profit Sharing Plan and Trust

Schedule H, Line 4j -- Schedule of Reportable Transactions
Period from January 1, 2010 through April 2, 2010

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
SEI Trust Company	SEI Stable Asset Fund Sales	\$ -	\$ 1,612,727	\$ 1,612,727	\$ 1,612,727	\$ -
Dodge & Cox Funds	Dodge & Cox Stock Fund Sales	-	2,008,253	2,316,313	2,008,253	(308,060)
The Royce Funds	Royce Value Fund SVC Sales	-	1,484,823	1,428,302	1,484,823	56,521
Vanguard	Vanguard Morgan Growth Fund Admiral Sales	-	1,724,874	1,774,091	1,724,874	(49,217)
Vanguard	Vanguard International Value Fund Investor Sales	-	1,730,186	2,014,980	1,730,186	(284,794)
Vanguard	Vanguard Total Stock Market Index Fund Signal Sales	-	2,896,531	2,919,711	2,896,531	(23,180)
Dodge & Cox Funds	Dodge & Cox Income Fund Sales	-	1,847,033	1,761,141	1,847,033	85,892

The above information has been certified by Reliance Trust Company, the trustee, as complete and accurate.

Attachment to 2010 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name DATAMAX CORPORATION CODE SECTION 401(k) PROFIT SHARING PLAN FINANCE 125
Plan Sponsor's Name DATAMAX CORPORATION **PN:** 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
SEI Trust Company	SEI Stable Asset Fund Sales	0	1,612,727	0	0	1,612,727	1,612,727	0
Dodge & Cox Funds	Dodge & Cox Stock Fund Sales	0	2,008,253	0	0	2,316,312	2,008,253	(308,060)
The Royce Funds	Royce Value Fund SVC Sales	0	1,484,823	0	0	1,428,302	1,484,823	56,521
Vanguard	Vanguard Morgan Growth Fund Admiral Sales	0	1,724,874	0	0	1,774,091	1,724,874	(49,217)
Vanguard	Vanguard International Value Fund Admiral Sales	0	1,730,186	0	0	2,014,980	1,730,186	(284,794)
Vanguard	Vanguard Total Stock Market Index Fund Signal Sales	0	2,896,531	0	0	2,919,712	2,896,531	(23,180)
Dodge & Cox Funds	Dodge & Cox Income Fund Sales	0	1,847,033	0	0	1,761,141	1,847,033	85,892