

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response | | | | |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | |
|--|--|--|--|-------------------------------|--|---|--|--|
| Name and Address of Reporting Person* Coghlan John F. | 2. Date of Event Requir Statement (Month/Day/ 03/01/2011 | | | | and Ticker or Trading Symbol e Corp [DTST] | | | |
| (Last) (First) (Middle) 36 VASSAR PLACE | 03/01/2 | 03/01/2011 | | 4. Relationship of Issuer | , , | · · / | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| (Street) ROCKVILLE CENTRE, NY 11570 | | | | _X_ Director | Officer (give title Other (specify | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (City) (State) (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | Owned | |
| 1.Title of Security (Instr. 4) | | Ве | Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Stock | Common Stock 3,640,777 | | 77 | D | | | | |
| unless the form d | ond to the c splays a cur | ollection or rently val | of info | rmation contained in t | | · | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) | | on Date | 3. Title and Amount of Securities Underlying Deri Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | (D) or Indirect (I) (Instr. 5) | | |
| Reporting Owners | | | | | | | | |

| | Relationships | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Coghlan John F. | | | | | |
| 36 VASSAR PLACE | X | X | | | |
| ROCKVILLE CENTRE, NY 11570 | | | | | |

Signatures

| /s/ John F. Coghlan | 03/09/2011 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.