

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90054 047 \*\*\*150.00

DOCUMENT # **852176**

1. Entity Name  
**ICON IDENTITY SOLUTIONS, INC.**

Principal Place of Business      Mailing Address  
**2480 GREENLEAF AVENUE**      **1418 ELMHURST RD**  
**ELK GROVE VILLAGE IL 60007**      **ELK GROVE VILLAGE IL 60007**

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**36-4122053**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**O'NEILL, ROGER L.**  
**11661 LOST TREE WAY**  
**N PALM BCH FL 33408**

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
EVP	GARY, GERALD T	501 WEST 68TH STREET	DOWNERS GROVE IL 60516	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TS	CALLAN, JOHN	2480 GREENLEAF AVENUE	ELK GROVE IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CEO	BUCK, SIEGFRIED	5660 RIVER PARK DRIVE	LIBERTYVILLE IL 60048	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CFO	YONK, STEVE	1418 ELMHURST ROAD	ELK GROVE VILLAGE IL 60007	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01      847-364-2280  
 Date      Daytime Phone #

CR2E034 (9/01)