


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



07062005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>36-4122053</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'NEILL, ROGER L.**  
**11661 LOST TREE WAY**  
**N PALM BCH, FL 33408**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP GARY, GERALD T 501 WEST 68TH STREET DOWNERS GROVE, IL 60516
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS CALLAN, JOHN 2480 GREENLEAF AVENUE ELK GROVE, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000372786  
 07/14/05-80007-003 558.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE John Callan      **JOHN CALLAN**      7/6/05      (847)631-3133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #