

F05000002072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

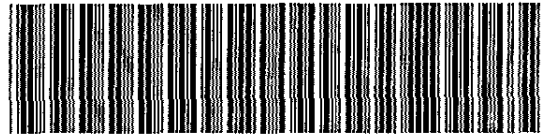
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1.) Verified Identity Pass, Inc
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR - 1 PH 3:39

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VERIFIED IDENTITY PASS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 01-0799820

(FEI number, if applicable)

4. AUGUST 27, 2003

(Date of incorporation)

5. _____

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING OF THIS APPLICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1270 AVENUE OF THE AMERICAS, NEW YORK, NY 10020

(Principal office address)

1270 AVENUE OF THE AMERICAS, NEW YORK, NY 10020

(Current mailing address)

8. COMPANY DESIGNING AND OPERATING SECURITY APPLICATIONS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAURENCE C. HAMES

Office Address: 215 NORTH EOLA DRIVE

ORLANDO

(City)

, Florida 32801

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature) **LAURENCE C. HAMES**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MR. STEVEN BRILL, CHAIRMAN
Address: 1270 AVENUE OF THE AMERICAS, SUITE 508,
NEW YORK, NY 10020

Director: MR. SAMUEL BERGER
~~Vice Chairman~~
Address: 555-13TH ST., NW
WASHINGTON, DC 20004-1109

Director: MR. STEVEN BERKENFELD
Address: 399 PARK AVE. 9FL
NEW YORK, NY 10022

Director: MR. CHARLIE BLACK
Address: 1801 K ST. , NW
WASHINGTON, DC 20006

B. OFFICERS

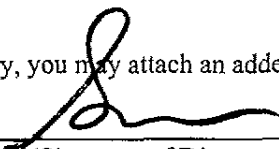
President: MR. STEVEN BRILL
Address: 1270 AVENUE OF THE AMERICAS, SUITE 508
NEW YORK, NY 10020

Vice President: _____
Address: _____

Secretary: MS. CYNTHIA BRILL
Address: 1270 AVENUE OF THE AMERICAS, SUITE 508, NEW YORK, NY 10020

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. STEVEN BRILL, PRESIDENT
(Typed or printed name and capacity of person signing application)

SCHEDULE "A" CONTINUATION OF DIRECTORS OF
VERIFIED IDENTITY PASS, INC.
APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

BOARD OF DIRECTORS:

Mr. Kevin Kilroy
540 Madison Ave, 29 Fl.
New York, NY 10022

Mr. Ted Price
745 7th Ave., 30FL
New York, NY 10019

Mr. Ed Scott
540 Madison Ave, 29 Fl.
New York, NY 10022

Mr. Robert Swindell
1801 K Street, N.W., Suite 901-L
Washington, DC 20006

Delaware

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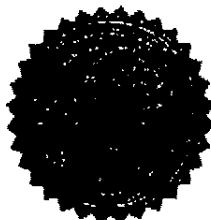
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERIFIED IDENTITY PASS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERIFIED IDENTITY PASS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3697320 8300

AUTHENTICATION: 3774329

050254117

DATE: 03-29-05