

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002072

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: VERIFIED IDENTITY PASS, INC.

**Current Principal Place of Business:**

600 THIRD AVENUE  
10TH FLOOR  
NEW YORK, NY 10016

**New Principal Place of Business:**

**Current Mailing Address:**

600 THIRD AVENUE  
10TH FLOOR  
NEW YORK, NY 10016

**New Mailing Address:**

FEI Number: 01-0799820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMES, LAURENCE C  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: BRILL, STEVEN  
Address: 600 THIRD AVENUE, 10TH FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: S ( ) Delete  
Name: BRILL, CYNTHIA  
Address: 600 THIRD AVENUE, 10TH FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: D ( ) Delete  
Name: BERKENFELD, STEVEN  
Address: 399 PARK AVE., 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: BLACK, CHARLIE  
Address: 1801 K STREET, N.W.  
City-St-Zip: WASHINGTON, DC 20006

Title: O ( ) Delete  
Name: LARRISON, TIMOTHY K  
Address: 600 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: LARRISON, TIMOTHY K  
Address: 600 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY LARRISON

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date