

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005037
1. Entity Name
SAFEGATE AIRPORT SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7101 NORTHLAND CIRCLE Suite, Apt. #, etc. SUITE 203 City & State BROOKLYN PARK, MN Zip 55428 Country USA		3. Mailing Address 7101 NORTHLAND CIRCLE Suite, Apt. #, etc. SUITE 203 City & State BROOKLYN PARK, MN Zip 55428 Country USA	
--	--	--	--

4. FEI Number 65-0303945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

- 42519

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent Name MICHAEL H. LEEDS Street Address (P.O. Box Number is Not Acceptable) BLANK ROME COMISKY & MCCAULEY 1200 N FEDERAL HIGHWAY City BOCA RATON FL Zip Code 33431	
--	--

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, typed 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) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN BENGT A. DAHL JARNYXEGATAN 13 MALMO, SWEDEN	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p align="center">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR PER-OLOF HAMMARLUND JARNYXEGATAN 13 MALMO, SWEDEN	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT THOMAS DUFFY 7101 NORTHLAND CIRCLE STE 203 BROOKLYN PARK, MN, 55428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR, VP, & SECRETARY MICHAEL H. LEEDS 1200 N FEDERAL HWY, STE 309 BOCA RATON, FL, 33431	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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100008326821
-10/11/02-01003-
\$150.00

CR2009 (1/201)
10/11/02
\$150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Duffy 9-6-02 765-555-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/10/02