

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36708

1. Corporation Name

DIGITAL BIOMETRICS, INC.

327-96 B-2771 -C
(6)

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Principal Place of Business: 5600 ROWLAND ROAD, SUITE 205, MINNETONKA MN 55343-8956
Mailing Address: 5600 ROWLAND ROAD, SUITE 205, MINNETONKA MN 55343-8956

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

3. Date Incorporated or Qualified: 12/17/1991
3a. Date of Last Report: 04/19/1995
4. FEI Number: 41-1545069
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (None) (Agent) (Signature) (Title) (Address)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KLINGERT, JACK A.	
STREET ADDRESS	5600 ROWLAND ROAD, #205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FISHBINE, GLENN M.	
STREET ADDRESS	5600 ROWLAND ROAD, #205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLAVIN, STEPHEN M.	
STREET ADDRESS	330 NORTH WABASH AVE., #3300	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BERG, DONALD E.	
STREET ADDRESS	5600 ROWLAND RD. #205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGNUSSON, JAN H.	
STREET ADDRESS	300 S OWASSO BOULEVARD	
CITY-ST-ZIP	ST. PAUL MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D MAGNUSSON, JON H.
5.3 STREET ADDRESS	14405 21ST AVE. N.
5.4 CITY-ST-ZIP	MINNEAPOLIS, MN
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D LATIMER, GEORGE
6.3 STREET ADDRESS	547 WEST JACKSON, 6TH FLOOR
6.4 CITY-ST-ZIP	CHICAGO, IL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald E. Berg *Donald E. Berg* March 21, 1996 612-932-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)



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ELECTRONIC FINGERPRINTING SYSTEMS

BOARD OF DIRECTORS ADDRESSES

<u>NAME/ADDRESS</u>	<u>DATE TERM EXPIRES</u>
MR. GLENN M. FISHBINE Digital Biometrics, Inc. 5600 Rowland Road, Suite #205 Minnetonka, MN 55343-4315	February 19, 1997
MR. JACK A. KLINGERT Digital Biometrics, Inc. 5600 Rowland Road, Suite #205 Minnetonka, MN 55343-4315	February 19, 1997
MR. GEORGE LATIMER National Equity Fund 547 West Jackson 6th Floor Chicago, IL 60661	February 19, 1997
MR. C. MCKENZIE LEWIS, III 5759 Long Break Circle South Edina, MN 55439	February 19, 1997
MR. JON H. MAGNUSSON WTC INDUSTRIES, INC. 14405 21st. Ave. N. Minneapolis, MN 55447	February 19, 1997
MR. STEPHEN M. SLAVIN Foley & Lardner One IBM Plaza Suite 3300 330 North Wabash Avenue Chicago, Illinois 60611	February 19, 1997