

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36708 (6)

1. Corporation Name
DIGITAL BIOMETRICS, INC.



Principal Place of Business 5800 ROWLAND ROAD, SUITE 205 MINNETONKA MN 55343-8956	Mailing Address 5600 ROWLAND ROAD, SUITE 205 MINNETONKA MN 55343-8956
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1991	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number 41-1545069		Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GRANGER, JAMES C	
STREET ADDRESS	5600 ROWLAND ROAD, #205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VD	<input checked="" 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	CFOD	<input type="checkbox"/> DELETE
NAME	METIL, JOHN J	
STREET ADDRESS	5600 ROWLAND RD. #205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, C MCKENZIE III	
STREET ADDRESS	5759 LONG BREAK CR S	
CITY-ST-ZIP	EDINA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATIMER, GEORGE	
STREET ADDRESS	547 W JACKSON, 6TH FLOOR	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fisher, Barry	
1.3 STREET ADDRESS	5600 Rowland Rd, STE 205	
1.4 CITY-ST-ZIP	Minnetonka, MN 55343	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Halbouty, Micheal	
2.3 STREET ADDRESS	5600 Rowland Rd Ste 205	
2.4 CITY-ST-ZIP	Minnetonka, MN 55343	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jamrogiewicz, Roman	
3.3 STREET ADDRESS	5600 Rowland Rd Ste 205	
3.4 CITY-ST-ZIP	Minnetonka, MN 55343	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Haugo, John	
4.3 STREET ADDRESS	1407 Croix Cress Dr.	
4.4 CITY-ST-ZIP	Hudson, WI 54016	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Latimer, George	
5.3 STREET ADDRESS	1600 Grand Ave	
5.4 CITY-ST-ZIP	St. Paul, MN 55105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 officer 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 a new appointment, in an address.

SIGNATURE:  John Metil 4/21/98

CR2E034 (10/97)