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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	VIEN 1 # P36708	3						
DIGITAL	BIOMETRICS, INC.							
Principal Place of Business Mailing Address				[
5600 ROWLAND MINNETONKA M	ROAD. SUITE 205 N 55343-8956	5800 ROWLAND ROAD. SUITE 205 MINNETONKA MN 55343-8956				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/17/1991	-15	
	ace of Business	2a. Mailing Address					Applied For Not Applicable	
Suite, Apt. i	♯, etc.	Suite, Apt. #, etc.				\$8.75 Add	litional	
22		27				5. Certificate of Status Desired	ired	
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 Market Fund Contribution		
Zip	Country	Zip	 1			This corporation owes the current year Intangible Personal Property Tax.	lNo	
24	25 29 30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent					Name	10. Marile and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET				81				
				82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 105				83				
TALLAHASSEE FL 32301						85 Zip Co	do	
				84	City	FL 85 Zip Co	Je	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	s authorize	a by	the corpo	corporation submits this statement for the purpose of changing its re oration's board of directors. I hereby accept the appointment as regis	gistered tered	
SIGNATURE						required when reinstating) DATE	\	
	Signature, typed or printed name of registered age		OTE: Registere		nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	S IN 12	
12.	OFFICERS AND DIRECTORS PC DELETE					☐ Change	★ Addition	
NAME	_			AME	l	Haugo, John E.		
STREET ADDRESS	·			{		1407 Croix Cress Dr.		
CITY-ST-ZIP	A CORP OF THE CAR ALL A A A A A A A A A A A A A A A A A			14 CITY-ST-ZIP		U-3 MT E4016		
TITLE				TITLE		VP Change	Addition	
NAME	HALBOUTY, MICHEAL 2.		2.21	22 NAME		Fisher, Barry A.		
STREET ADORESS				2.3 STREET ADDRESS		5600 Rowland Rd. #205		
CITY-ST-ZIP	MINNETONKA MN 55343			2.4 CITY-ST-ZIP		Minneter MN EEO 40	-	
TITLE	D	☐ DELETE	3.1 1	TITLE		VP Change	[X] Addition	
NAME	SLAVIN, STEPHEN M.		3.21	AME		Jamrogiewicz, Roman		
STREET ADDRESS 330 NORTH WABASH AVE., #3300			3.3 9	3.3 STREET ADDRESS		5600 Rowland Rd. #205		
CITY-ST-ZIP	0.110110010			3.4. CITY-ST-ZIP			- Addition	
TITLE	CF00	☐ DELETE		IIILE		Tinnetonka, MN 55343 ☐Change	☐ Addition	
NAME	METIL, JOHN J			NAME			Ì	
STREET ADDRESS	5600 ROWLAND RD. #205				TADDRESS		ì	
CITY-ST-ZIP	MINNETONKA MN			CITY-S	T- ZIP	Change	Addition	
TITLE	D	☐ DELETE		TITLE NAME		Change	☐ 740000H	
NAME I	LEWIS C MCKENZIE III		0.21	A-MAIC.				

CHICAGO IL 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 receive for fustee 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 a address with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5759 LONG BREAK CR S

547 W JACKSON, 6TH FLOOR

LATIMER, GEORGE

EDINA MN

612-932-0888

☐ Change

☐ Addition