

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90184 027 \*\*\*150.00

**DOCUMENT # P36708**

1. Entity Name

**DIGITAL BIOMETRICS, INC.**

Principal Place of Business

Mailing Address

**5600 ROWLAND ROAD, SUITE 205  
 MINNETONKA MN 55343-8956**

**5600 ROWLAND ROAD, SUITE 205  
 MINNETONKA MN 55343-4315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-1545069**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PC GRANGER, JAMES C**  
 STREET ADDRESS **5600 ROWLAND ROAD, #205**  
 CITY-ST-ZIP **MINNETONKA MN**

TITLE  Change  Addition  
 NAME **CEO, Chairman of the Board Granger, James C.**  
 STREET ADDRESS **5600 Rowland Rd, #205**  
 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE  Delete  
 NAME **V HALBOUTY, MICHEAL**  
 STREET ADDRESS **5600 ROWLAND ROAD, #205**  
 CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE  Change  Addition  
 NAME **V Micheal Halbouty**  
 STREET ADDRESS **5600 Rowland Rd. #205**  
 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE  Delete  
 NAME **D SLAVIN, STEPHEN M.**  
 STREET ADDRESS **330 NORTH WABASH AVE., #3300**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME **Director Haugo, John E.**  
 STREET ADDRESS **1407 Croix Cress Drive**  
 CITY-ST-ZIP **Hudson, WI 54016**

TITLE  Delete  
 NAME **CFO METIL, JOHN J**  
 STREET ADDRESS **5600 ROWLAND RD. #205**  
 CITY-ST-ZIP **MINNETONKA MN**

TITLE  Change  Addition  
 NAME **CFO, COO, EVP, Director Metil, John J.**  
 STREET ADDRESS **5600 Rowland Rd, #205**  
 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE  Delete  
 NAME **D LEWIS, C MCKENZIE III**  
 STREET ADDRESS **5759 LONG BREAK CR S**  
 CITY-ST-ZIP **EDINA MN**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LATIMER, GEORGE**  
 STREET ADDRESS **547 W JACKSON, 6TH FLOOR**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*James C. Granger* 1/25/00

**James C. Granger CEO (612) 932-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #