

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90050 006 \*\*\*158.75

UNIFORM REPORT AT

**DOCUMENT # P36708**

1. Entity Name  
**VISIONICS CORPORATION**

Principal Place of Business <b>5600 ROWLAND ROAD, SUITE 205 MINNETONKA MN 55343-8956</b>	Mailing Address <b>5600 ROWLAND ROAD, SUITE 205 MINNETONKA MN 55343-8956</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>41-1545069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>LAWLER, JOHN E</b> STREET ADDRESS: <b>4740 34TH STREET NORTH</b> CITY-ST-ZIP: <b>ARLINGTON VA 22207</b>	
TITLE: <b>PC</b> <input type="checkbox"/> Delete NAME: <b>ATICK, JOSEPH</b> STREET ADDRESS: <b>255 E 49TH ST APT 17B</b> CITY-ST-ZIP: <b>NEW YORK NY 10017</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>HAUGO, JOHN E</b> STREET ADDRESS: <b>1407 CROIX CRESS DRIVE</b> CITY-ST-ZIP: <b>HUDSON WI 54016</b>	
TITLE: <b>VP</b> <input type="checkbox"/> Delete NAME: <b>GALLAGHER, ROBERT F</b> STREET ADDRESS: <b>4292 NORMA AVENUE</b> CITY-ST-ZIP: <b>ARDEN HILLS MN 55112</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>LEWIS, C MCKENZIE III</b> STREET ADDRESS: <b>5759 LONG BREAK CR S</b> CITY-ST-ZIP: <b>EDINA MN</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>LATIMER, GEORGE</b> STREET ADDRESS: <b>547 W JACKSON, 6TH FLOOR</b> CITY-ST-ZIP: <b>CHICAGO IL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)