


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90082 041 \*\*\*158.75

<b>DOCUMENT # F03000001870</b>	
1. Entity Name <b>IDENTITY SYSTEMS INC.</b>	

Principal Place of Business <b>1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870</b>	Mailing Address <b>1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>06-1195518</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



02282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOLLOWAY, GEOFFREY N 1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZOLEZZI, RICHARD 75 HAWTHORNE PLAZA SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHAMBERS, PETRA 1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINI, MICHAEL 75 HAWTHORNE PLAZA, SUITE 2000 SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT VAN ORDEN, SCOTT 75 HAWTHORNE PLAZA, SUITE 2000 SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Woodson Hobbs 2550 North First St. S. 500 San Jose CA 95131</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S Keith Kitchen 2550 North First St. S. 500 San Jose CA 95131</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <u>Keith Kitchen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/11/2005</u> Daytime Phone #: <u>(408) 321-7650</u>
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