

852176

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
ICON IDENTITY SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA change

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APR - 3 2013

T. LEWIS

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICON IDENTITY SOLUTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: 852176

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CALLAN

Name of Contact Person

ICON IDENTITY SOLUTIONS, INC

Firm/Company

1418 ELMHURST ROAD

Address

ELK GROVE VILLAGE, IL 60007

City/State and Zip Code

ICALLAN@ICONID.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CALLAN

Name of Contact Person

847

631-3133

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ICON IDENTITY SOLUTIONS, INC.
2. The principal office address: 2480 GREENLEAF AVENUE ELK GROVE VILLAGE, IL 60007
3. The mailing address (if different): 1418 ELMHURST ROAD ELK GROVE VILLAGE, IL 60007
4. Date of incorporation/qualification: 03/15/1982 Document number: 852176

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

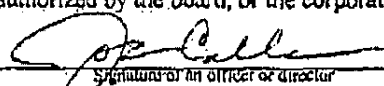
ONEILL, ROGER L.
11661 LOST TREE WAY
N PALM BEACH, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

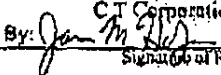
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JOHN CALLAN CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By:  James M. Halpin
Signature of Registered Agent Assistant Secretary

4/02/13

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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