2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002124

Entity Name: CROSS MATCH TECHNOLOGIES, INC.

FILED Feb 01, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
3960 RCA BOULEVARD, SUITE 6001 PALM BEACH GARDENS, FL 33410				3950 RCA BOULEVARD, SUITE 5001 PALM BEACH GARDENS, FL 33410			
Current Mailing Address:				New Mailing Address:			
3960 RCA BOULEVARD, SUITE 6001 PALM BEACH GARDENS, FL 33410				3950 RCA BOULEVARD, SUITE 5001 PALM BEACH GARDENS, FL 33410			
FEI Number: 65-0637546 FEI Number Applied For ()			FEI Num	FEI Number Not Applicable () Certificate of State			red ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent	:
3960 RCA E	DONALD A BOULEVARD, CH GARDENS						
The above in the State		ubmits this statement for the p	urpose of	f changing it	s registered o	office or registered agen	t, or both,
SIGNATUR	E:						
	Electroni	c Signature of Registered Age	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JOHNSON, THE 3960 RCA BOUL	Delete DDORE .EVARD, SUITE 6001 ARDENS, FL 33410		Title: Name: Address: City-St-Zip:	JOHNSON, TH 3950 RCA BOL	() Change () Addition EODORE JLEVARD, SUITE 5001 GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	BREWLER, MIC 3960 RCA BOUL	Delete HAEL .EVARD, SUITE 6001 ARDENS, FL 33410		Title: Name: Address: City-St-Zip:	BREWER, MIC 3950 RCA BOU	() Change () Addition CHAEL JLEVARD, SUITE 5001 GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	BUSS, THOMAS 3960 RCA BOUL	Delete E .EVARD, SUITE 6001 ARDENS, FL 33410		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	CHRISTENSEN, 3960 RCA BOUL	Delete ROBERT .EVARD, SUITE 6001 ARDENS, FL 33410		Title: Name: Address: City-St-Zip:	CHRISTENSEN 3950 RCA BOU	() Change () Addition N, ROBERT JLEVARD, SUITE 5001 GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	SD () CORETTE, JEII 1200 19TH STRE WASHINGTON, I	EET, N.W.		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	DAVIS, JAMES E	JB, 702 LOST TRAIL		Title: Name: Address: City-St-Zip:	() Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. STOUTT AS ATTORNEY IN FACT D 02/01/2005