


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90070 035 \*\*\*158.75

<b>DOCUMENT # F02000002766</b>	
1. Entity Name <b>APPLIED CARD SYSTEMS, INC.</b>	

Principal Place of Business <b>4700 EXCHANGE COURT BOCA RATON, FL 33431</b>	Mailing Address <b>50 APPLIED CARD WAY GLEN MILLS, PA <del>19324</del> 19342</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>50 APPLIED CARD WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>GLEN MILLS, PA</b>
Zip	Zip <b>19342</b>
Country	Country



04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>51-0302476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ABESSINIO, ROCCO A 4700 EXCHANGE CT. BOCA RATON, FL 33431</b>	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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ABESSINIO, ROCCO A 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABESSINIO, MARY F 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALBANO, CHARLES A JR 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHARBO, CHRIS 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABESSINIO, PETER G 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABESSINIO, VINCENT T 50 APPLIED CARD WAY GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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.

**SIGNATURE:** Peter G. Abessinio **PETER G. ABESSINIO** 4/26/07 414-846-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #