
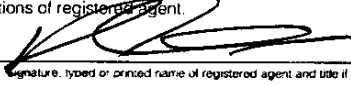



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90124 020 \*\*\*158.75

<b>DOCUMENT # F02000002766</b> 1. Entity Name <b>APPLIED CARD SYSTEMS, INC.</b>					
Principal Place of Business <b>5401 BROKEN SOUND BLVD, N.W. BOCA RATON, FL 33487</b>			Mailing Address <b>50 APPLIED CARD WAY GLEN MILLS, PA 19342</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		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>				04232008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ABESSINIO, ROCCO A 5401 BROKEN SOUND BLVD, N.W. BOCA RATON, FL 33478</b>			7. Name and Address of New Registered Agent Name <b>Rocco Abessinio</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 Broken Sound Blvd. N.W.</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>		
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:  DATE: <b>4-25-08</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ABESSINIO, ROCCO A</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <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	<b>D</b> <b>ABESSINIO, MARY F</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <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	<del>CFO</del> <b>ALBANO, CHARLES A JR</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHARBO, CHRIS</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <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	<b>V</b> <b>ABESSINIO, PETER G</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <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	<b>V</b> <b>ABESSINIO, VINCENT T</b> <b>50 APPLIED CARD WAY</b> <b>GLEN MILLS, PA 19342</b> <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 addendum, with all other like empowered.					
SIGNATURE: 		<b>ROCCO A. ABESSINIO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-25-08</b> <small>Date</small>	<b>484-840-1700</b> <small>Daytime Phone #</small>