

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-21-2005 90078 031 ***150.00

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1. Entity Name
IDENTIX INCORPORATED



Principal Place of Business
**C/O DAVID BEAUCHAMP
5600 ROWLAND ROAD, STE 205
MINNETONKA, MN 55343**

Mailing Address
**C/O DAVID BEAUCHAMP
5600 ROWLAND ROAD, STE 205
MINNETONKA, MN 55343**

40035416



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
94-2842496

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREER
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ATICK, JOSEPH
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CTO
GRIFFIN, PAUL
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LINDSOE, ELISSA J
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GCS
MOLINA, MARK S
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
MOAR, JAMES H
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ATICK, JOSEPH J
5600 ROWLAND ROAD
MINNETONKA, MN 55343**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Elissa Lindsoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2005 952-852-8774
Date Daytime Phone #