

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005213

Entity Name: IDENTIX INCORPORATED

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

5705 W. OLD SHAKEPEE RD STE 100  
BLOOMINGTON, MN 55437

## New Principal Place of Business:

5600 ROWLAND ROAD  
SUITE 205  
MINNETONKA, MN 55343

## Current Mailing Address:

5705 W. OLD SHAKEPEE RD STE 100  
BLOOMINGTON, MN 55437

## New Mailing Address:

5600 ROWLAND ROAD  
SUITE 205  
MINNETONKA, MN 55343

FEI Number: 94-2842496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREER  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete  
Name: LAPENTA, ROBERT  
Address: 1777 BROAD ST, 12TH FLOOR  
City-St-Zip: STAMFORD, CT 06901

Title: P ( ) Delete  
Name: AGOSTINELLI, RICH  
Address: 5600 ROWLAND ROAD  
City-St-Zip: MINNETONKA, MN 55343

Title: GCS ( ) Delete  
Name: MOLINA, MARK S  
Address: 177 BROAD ST, 12 FLOOR  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: LAPENTA, ROBERT  
Address: 177 BROAD ST  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MOLINA, MARK S  
Address: 177 BROAD ST  
City-St-Zip: STAMFORD, CT 06901

Title: T ( ) Change (X) Addition  
Name: DEPALMA, JAMES A  
Address: 177 BROAD STREET  
City-St-Zip: STAMFORD, CT 06901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK S MOLINA

S

04/23/2009

Electronic Signature of Signing Officer or Director

Date