

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005213

FILED  
May 01, 2012  
Secretary of State

Entity Name: IDENTIX INCORPORATED

**Current Principal Place of Business:**

5705 WEST OLD SHAKOPEE ROAD  
SUITE 100  
BLOOMINGTON, MN 55437

**New Principal Place of Business:**

**Current Mailing Address:**

5705 WEST OLD SHAKOPEE ROAD  
SUITE 100  
BLOOMINGTON, MN 55437

**New Mailing Address:**

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 STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: LAPENTA, ROBERT V  
Address: 5705 WEST OLD SHAKOPEE ROAD, SUITE 100  
City-St-Zip: BLOOMINGTON, MN 55437

Title: P  
Name: AGOSTONELLI, RICH  
Address: 5705 WEST OLD SHAKOPEE ROAD, SUITE 100  
City-St-Zip: BLOOMINGTON, MN 55437

Title: S  
Name: MOLINA, MARK S  
Address: 5705 WEST OLD SHAKOPEE ROAD, SUITE 100  
City-St-Zip: BLOOMINGTON, MN 55437

Title: T  
Name: DEPALMA, JAMES A  
Address: 5705 WEST OLD SHAKOPEE ROAD, SUITE 100  
City-St-Zip: BLOOMINGTON, MN 55437

I hereby 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 all other like empowered.

SIGNATURE: MARK S. MOLINA

S

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date