

F06000004310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

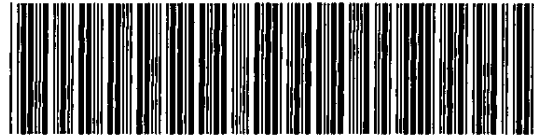
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers JUN 22 2006

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IDenticard Systems Worldwide, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kimberly Peterson  
(Name of Person)  
Brady Corporation  
(Firm/Company)  
6555 W. Good Hope Road  
(Address)  
Milwaukee, WI 53223  
(City/State and Zip code)

For further information concerning this matter, please call:

Kimberly Peterson at (414) 358-16100  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Identocard Systems Worldwide, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 20-4090527  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 02/09/2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 Citation Lane, Lititz, PA 17543-7604  
(Principal office address)  
6555 W. Good Hope Road, PO Box 571 Milwaukee, WI 53223  
(Current mailing address)

8. Manufacturing and Sale of Identification Products  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

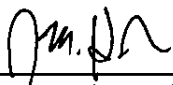
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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

**James M. Halpin**  
Assistant Secretary

By:   
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathleen Johnson  
(Signature of Director or Officer listed in number 12 of the application)

14. Kathleen Johnson, Vice President  
(Typed or printed name and capacity of person signing application)

## Officer Listing

Identocard Systems Worldwide, Inc.  
FEIN: 20-4090527

<i>Name</i>	<i>Title</i>	<i>Residence and Business Address</i>
Frank M. Jaehnert	President	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571
David Mathieson	Vice President	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571
David R. Hawke	Vice President	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571
Thomas Felmer	Vice President	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571
Kathleen Johnson	Vice President	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571
Conrad G. Goodkind	Secretary	Quarles & Brady, 411 E. Wisconsin Ave, Milwaukee, WI 53202
Barbara G. Bolens	VP & Treasurer	6555 W. Good Hope Road, P.O. Box 571, Milwaukee, WI 53201-0571

*Additional information available upon request*

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**MAY 9, 2006**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**IDENTICARD SYSTEMS WORLDWIDE, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.**



**IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.**

*Pedro A. Cortes*

**Secretary of the Commonwealth**

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*Additional information available upon request*

## Director Listing

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FEIN: 20-4090527

<i>Name</i>	<i>Title</i>	<i>Residence and Business Address</i>
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