

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004310

FILED
Jul 21, 2008
Secretary of State

Entity Name: IDENTICARD SYSTEMS WORLDWIDE, INC.

Current Principal Place of Business:

40 CITATION LANE
LITITZ, PA 175437604

New Principal Place of Business:

Current Mailing Address:

6555 W GOOD HOPE RD
PO BOX 571
MILWAUKEE, WI 53223

New Mailing Address:

FEI Number: 20-4090527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAEHNERT, FRANK M
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 532010571

Title: V () Delete
Name: MATHIESON, DAVID
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 532010571

Title: VPD () Delete
Name: HAWKE, DAVID R
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 532010571

Title: VP () Delete
Name: FELMER, THOMAS R
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 532010571

Title: VPT (X) Delete
Name: BOLENS, BARBARA G
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 532010571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAEHNERT, FRANK M
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 53223

Title: VP (X) Change () Addition
Name: FELMER, THOMAS
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 53223

Title: SEC (X) Change () Addition
Name: STASTNEY, HOYT ESQ
Address: 411 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53209

Title: VPT (X) Change () Addition
Name: BOLENS, BARBARA G
Address: 6555 W GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 53223

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

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: FRANK M JAEHNERT

PD

07/21/2008

Electronic Signature of Signing Officer or Director

_____ Date