# F07000003987

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					







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SECRETARY OF STATE

#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Biometrica Systems 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:				
Vaughn Corpone				
(Name of Person)				
Name of Person)  Biometrica Systems Inc  (Firm/Company)				
(Firm/Company)				
PO Box 5189				
(Address)				
(Firm/Company)  PO Box 5789  (Address)  Billerica MA 01822  (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Robert Schmitt at (202) 493-9142 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee \$\$Certificate of Status   \$78.75 Filing Fee \$\$Certificate of Status   \$78.75 Filing Fee \$\$Certified Copy   \$87.50 Filing Fee, Certified Copy   \$60.00 Certified Co				

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

REGISTER A FOR	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU	SINESS IN THE STATE OF FLOR	NDA.
(Enter name of c	netica Systems Incorporation; must includ "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
•	able in Florida, enter alternate corporate name additional and the law of which it is incorporated)		,
4	7 Jau <b>1998</b> 5 5 5.	Perpetus Duration: Year corp. will cease to exi	st or "perpetual")
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)	
7 <i>2</i>	96 Concord Rd. 3rd (Principal office address	floor Billerica, MF	0182/
<del></del>	(Principal office address (Principal office address (Current mailing address	rica, MA U1832	
8. Sell/Lea (Purpose(s	se Identification a Recognition S	Software to the Gomin	q Industry
9. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	200 SE
Name:	Corporation Service Company	_	2007 AUG SECRETA
Office Address:	1201 Hays Street	_	G-8 ASSE
	Tallahassee	, Florida 32301	FO P
	(City)	(Zip code)	3: 2 STATE LORIE
Having been nam designated in this further agree to co and I am familiar	gent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agree to tive to the proper and complete pe	rporation at the place act in this capacity. I
<u>E</u>	orporation Service Company  By: Gy M. Comedon (Registered agent's Signature) L	una M. Connellina	-
11. Attached is a	certificate of existence duly authenticated, no State, by the Secretary of State or other office	t more than 90 days prior to delive	ery of this application to

under the law of which it is incorporated.

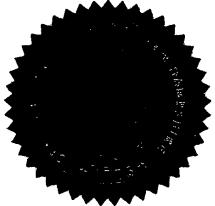
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robert V. La PEUTA Address: 177 BROAD STREET STAMFORD CT 06901 Vice Chairman: Address: Director: \_\_\_ Address: Director: \_\_\_ **B. OFFICERS** President: Robert J. Schmitt, Jr Address: 296 CONCORD RD BILLERICA, MA 01821 Vice President: Address: \_\_\_\_\_ SULLIVAN Secretary: LEO J. Address: 296 CONCORD RD, BILLERICA, MA 01821 Treasurer: LEO T. SULLIVAN Address: 296 CONCORD RD, BILLERICA, MA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

## State of New Hampshire Department of State

#### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify BIOMETRICA SYSTEMS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on February 9, 1998. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 30<sup>th</sup> day of July, A.D. 2007

William M. Gardner Secretary of State