FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F95000003518 (6)

CARDKEY SYSTEMS, INC.

0711101	ici ororemo, mo						
Principal Place of	of Business	Mailing Address				ABIIT BRITE BRIDE INDI BIIDI HEEF IBIT IDDE	
101 WEST O SIMI VALLEY		101 WEST COCHRAN ST. SIMI VALLEY CA 93065			100 C		
					3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principa! Plac	na of Rueinace	2a. Mailing Address			07/21/1995 4. FEI Number	Applied For	
	THO CANYON RD	26 1759 TAPO CANYON RD		77-0405047	Not Applicable		
Suite, Apt. #,	Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 SIMI VALLEY CA		City & State 28 SIMI VALLEY CA		A	Flection Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	²¹⁰ 93063	Countr	У	8. This corporation has liability for in Florida Statutes Yes	=	
24 9306	9. Name and Address of Currer		30		Florida Statutes Yes 10. Name and Address of New Re		
	9. Name and Address of Currer	it negistered Agent	81	Name			
0.7.00	DDADATIAN EVETEM		62	Street Addr	ess (P.O. Box Number is Not Acceptable	n)	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Nadicas (1.42, for national and necessary)		
	TION FL 33324		83				
			84	City		FL 85 Zip Code	
11 Pursuant to	the provisions of Sections 607 0502	2 and 607.1508. Florida Statute	es, the above	named corpor	ration submits this statement for the purp	lose of changing its registered office	
or registere	d agent, or both, in the State of Flori , and accept the obligations of Sect	da. Such change was authorize	ed by the cor,	poration's boa	rd of directors. Thereby accept the appoint	intment as registered agent. I am	
SIGNATURE.	i, and accept the tonigations of coor						
	gnature, typod or printed name of registered agrin			nd Sophalt Her reducts	ADDITIONS/CHANGES TO OFFI	DATE	
12.		ID DIRECTORS	13.		CE PRESIDENT	Change Addition	
TITLE NAME	PD BOMALD A	L.J. Decent	1.2 NAME	1	Ce President	<u></u>	
STREET ADDRESS	WOESSNER, RONALD A 17304 PRESTON ROAD, E-	100		1 ADDRESS			
CITY-ST-ZIP	DALLAS IX 75252	100	1.4 C·TY-	ST - 2:P	·		
T:TLE	V	DELÉTÉ	2 1 1111.	A	SISTANT TREASURER	🔀 Change 🔲 Addition	
NAME	YORK, STEVE M		2.2 NAME				
STREET ADDRESS	17304 PRESTON ROAD, E-	100		1 ADDRESS			
CITY-ST-ZIP	DALLAS TX 75252	DELETE	2.4 CHY-			Change Addition	
TITLE	AS	[] Derese	3 1 TULE 3 2 NAME				
NAME CIRCLI ANNEESS	RODRIGUEZ, JANICE E	400		ET ADDRESS			
STREET ADORESS CITY-ST-ZIP	17304 PRESTON ROAD, E- DALLAS TX 75252	100	3.5 STN:	ST-ZIF			
TITLE	UNLLMO IN 19696	DELETE	4 1 1011.6	PR	ESIDENT & COO.	Change 🔀 Addition	
NAME			4.2 NAM	m	CHAEL H WOLPERT		
STREET ADDRESS			433138		ST THEO CANYON RD		
CITY-ST-ZIP			4.4 CiTY		MI VALLEY, CA 9306		
TILF		[] DELETE	5 1 1174		REASURER	Change 🔀 Addition	
NAME			5.2 NAME	: ADDRESS 17	OHN BRACKEN 159 TAPO CANYON RD		
STREET ADDRESS			5 4 CHY	ST. 7IP ST. 7IP	MI VALLEY, CA 9300	.2	
CITY - ST - ZIP			6 1 111	اک اندان	ecretari	☐ Change 🔀 Addition	
NAME		<u> </u>	6.2 NAM	m	ARY ANN BROZOWSKI		
STREET ADORESS			63 STRE	ET ADDRESS 17	159 THRO CANYON RD		
CHV ST 7ID			€ 4 € 1	-S1-Zift S1	IMI VALLEY CA 9306	3	
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	nished and do	es not qualify	for the exemption stated in Section 119	07(3)(k), Florida Statutes, I further	

• For mereby certify that the information supplied with this annual report or supplied each cost for quarty for the exemption stated in section (119 or/org), Fronds Statutes, Tuther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under odity, 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 in Block 12 or Block 13 if chapter of the appear at attachment with an address.

SIGNATURE: SIGNATURE AND

SIGNATURE AND TYPED OR FENTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Dispensi Phone #