


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000003518 (6)</b> 1. Corporation Name <b>CARDKEY SYSTEMS, INC.</b>					
Principal Place of Business <b>1757 TAPO CANYON RD SIMI VALLEY CA 93063 US</b>			Mailing Address <b>1757 TAPO CANYON RD SIMI VALLEY CA 93063 US</b>		
2. Principal Place of Business 21 <b>1757 TAPO CANYON ROAD</b> Suite, Apt. #, etc. 22 City & State 23 <b>Simi Valley CA</b> Zip 24 <b>93063</b>		2a. Mailing Address 26 <b>1757 TAPO CANYON ROAD</b> Suite, Apt. #, etc. 27 City & State 28 <b>Simi Valley CA</b> Zip 29 <b>93063</b>		3. Date Incorporated or Qualified <b>07/21/1995</b> 4. FEI Number <b>77-0405047</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2525</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VP	NAME	WOESSNER, RONALD A	<input type="checkbox"/> DELETE	
STREET ADDRESS	17304 PRESTON ROAD, E-100				
CITY-ST-ZIP	DALLAS TX				
TITLE	AT	NAME	YORK, STEVE M	<input type="checkbox"/> DELETE	
STREET ADDRESS	17304 PRESTON ROAD, E-100				
CITY-ST-ZIP	DALLAS TX				
TITLE	AS	NAME	RODRIGUEZ, JANICE E	<input type="checkbox"/> DELETE	
STREET ADDRESS	17304 PRESTON ROAD, E-100				
CITY-ST-ZIP	DALLAS TX 75252				
TITLE	PCEO	NAME	WOLPERT, MICHAEL H	<input type="checkbox"/> DELETE	
STREET ADDRESS	1757 TAPO CANYON RD				
CITY-ST-ZIP	SIMI VALLEY CA 93063				
TITLE	T	NAME	BRACKEN, JOHN	<input type="checkbox"/> DELETE	
STREET ADDRESS	1757 TAPO CANYON RD				
CITY-ST-ZIP	SIMI VALLEY CA 93063				
TITLE	S	NAME	BROZOWSKI, MARY ANN	<input type="checkbox"/> DELETE	
STREET ADDRESS	1757 TAPO CANYON RD				
CITY-ST-ZIP	SIMI VALLEY CA 93063				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	19111 DALLAS PARKWAY SUITE 300				
1.3 STREET ADDRESS	DALLAS, TX 75287				
1.4 CITY-ST-ZIP	DALLAS, TX 75287				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	19111 DALLAS PARKWAY SUITE 300				
2.3 STREET ADDRESS	DALLAS, TX 75287				
2.4 CITY-ST-ZIP	DALLAS, TX 75287				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	19111 DALLAS PARKWAY SUITE 300				
3.3 STREET ADDRESS	DALLAS, TX 75287				
3.4 CITY-ST-ZIP	DALLAS, TX 75287				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attached page.

SIGNATURE: \_\_\_\_\_

4/30/98 805.522.5585

CR2E034 (10/97)