
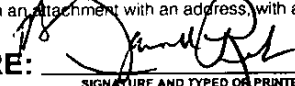


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90362 039 ***150.00

DOCUMENT # F96000002328 1. Entity Name PRINTRAK INTERNATIONAL INC.					
Principal Place of Business 1250 NORTH TUSTIN AVE. ANAHEIM, CA 92807			Mailing Address 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04182008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 33-0070547	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D DEVONSHIRE, DAVID W. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ASST. SEC RILEY, JANET M. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MACLAUGHLIN, JAMES A. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STROBEL, STEVEN J. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STROBEL, STEVEN J. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWSON, A. PETER 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DYBALA, RAY A. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORSYTE, CAROL 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, GREGORY Q. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JANET M. RILEY		ASST. SEC. 04-21-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

847-576-5128