

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 025 ***150.00

DOCUMENT # F97000002331

1. Entity Name
INVISION TECHNOLOGIES, INC.



Principal Place of Business
7151 GATEWAY BLVD
NEWARK, CA 94560 US

Mailing Address
7151 GATEWAY BLVD
NEWARK, CA 94560 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
94-3123544

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE CEO ☐ Delete
NAME MAGISTRI, SERGIO
STREET ADDRESS 7151 GATEWAY BLVD.
CITY-ST-ZIP NEWARK, CA 94560

TITLE COO ☐ Delete
NAME MATTSON, DONALD
STREET ADDRESS 7151 GATEWAY BLVD
CITY-ST-ZIP NEWARK, CA 94560

TITLE S ☐ Delete
NAME JONES, ROBERT
STREET ADDRESS 3000 EL CAMINO REAL
CITY-ST-ZIP PALO ALTO, CA 94306

TITLE AS ☐ Delete
NAME PHI, TRAM
STREET ADDRESS 7151 GATEWAY BLVD
CITY-ST-ZIP NEWARK, CA 94560

TITLE CFO ☐ Delete
NAME MULHALLAND, ROSS
STREET ADDRESS 7151 GATEWAY BLVD
CITY-ST-ZIP NEWARK, CA 94560

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME CFO
STREET ADDRESS Ross Mulholland
CITY-ST-ZIP 7151 Gateway Boulevard
Newark, CA 94560

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio Magistri 04/29/04 (510) 739-2400

Date

Daytime Phone #