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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005360 (9)**

1. Corporation Name
VIISAGE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
30 PORTER DR. LITTLETON MA 01460	30 PORTER DR. LITTLETON MA 01460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1997**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **APPLIED FOR** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
D BERUBE, DENIS K 30 PORTER DR. LITTLETON MA 01460		☐	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Mouchly-Weiss, Harriet 515 Madison Avenue 34th Flr. New York, NY 10222	☑ Change ☐ Addition
D MOUCHLY-WEISS, HARRIET 30 PORTER DR. LITTLETON MA 01460		☑	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Reilly, Thomas J. 30 Decatur Lane Wayland, MA 01778	☐ Change ☑ Addition
D NESSEN, PETER 19 CHARLES RIVER SQ. BOSTON MA 02114		☐	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Operations Thomas J. Colatosti 30 Porter Rd Littleton, MA 01460	☐ Change ☑ Addition
DS JOHNSON, CHARLES J 175 FEDERAL ST. BOSTON MA 02110		☐	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP Marketing Yong Wieler 30 Porter Rd Littleton, MA 01460	☐ Change ☑ Addition
T MARSHALL, WILLIAM A 30 PORTER DR. LITTLETON MA 01460		☐	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
P HUGHES, ROBERT C 30 PORTER DR. LITTLETON MA 01460		☐	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	000002466770 -03/24/98--01023--028 ***150.00	☐ Change ☐ Addition

3.24

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 attachment with an address.

SIGNATURE: William A Marshall II — William A Marshall II — 3-11-98 — 978-952-2200

CR2E034 (10/97)