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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
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DOCUMENT # F97000005360 (9)

1. Corporation Name
VIISAGE TECHNOLOGY, INC.

Principal Place of Business

30 PORTER DR.
LITTLETON MA 01460

Mailing Address

30 PORTER DR.
LITTLETON MA 01460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1997

4. FEI Number
APPLIED FOR

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BERUBE, DENIS K
STREET ADDRESS 30 PORTER DR.
CITY-ST-ZIP LITTLETON MA 01460 ☐ DELETE

TITLE D
NAME MOUCHLY-WEISS, HARRIET
STREET ADDRESS 30 PORTER DR.
CITY-ST-ZIP LITTLETON MA 01460 ☒ DELETE

TITLE D
NAME NESSEN, PETER
STREET ADDRESS 19 CHARLES RIVER SQ.
CITY-ST-ZIP BOSTON MA 02114 ☐ DELETE

TITLE DS
NAME JOHNSON, CHARLES J
STREET ADDRESS 175 FEDERAL ST.
CITY-ST-ZIP BOSTON MA 02110 ☐ DELETE

TITLE T
NAME MARSHALL, WILLIAM A
STREET ADDRESS 30 PORTER DR.
CITY-ST-ZIP LITTLETON MA 01460 ☐ DELETE

TITLE P
NAME HUGHES, ROBERT C
STREET ADDRESS 30 PORTER DR.
CITY-ST-ZIP LITTLETON MA 01460 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Mouchly-Weiss, Harriet
1.3 STREET ADDRESS 815 Madison Avenue 34th Fl.-n
1.4 CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Reilly, Thomas J.
2.3 STREET ADDRESS 30 Decatur Lane
2.4 CITY-ST-ZIP Weymouth MA 01778 ☐ Change ☒ Addition

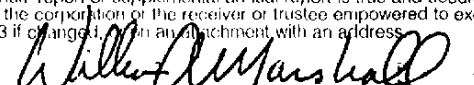
3.1 TITLE VP Operations
3.2 NAME Thomas J. C. Labastie
3.3 STREET ADDRESS 30 Porter Rd
3.4 CITY-ST-ZIP Littleton, MA 01460 ☐ Change ☒ Addition

4.1 TITLE VP Marketing
4.2 NAME Yong Wicken
4.3 STREET ADDRESS 30 Porter Rd
4.4 CITY-ST-ZIP Littleton, MA 01460 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

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

CR2E034 (10/97)