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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90002 025 ***550.00

DOCUMENT # F97000005360

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 Qualifed: 10/13/1997

4. FEI Number: APPLIED FOR 04-3320515 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 _____ 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	D	☐ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	REILLY, THOMAS J		1.2 NAME	COLATOSTI, THOMAS J.	
STREET ADDRESS	30 DECATUR LN.		1.3 STREET ADDRESS	30 PORTER DR.	
CITY-ST-ZIP	WAYLAND MA 01778		1.4 CITY-ST-ZIP	LITTLETON, MA 01460	
TITLE	D	☐ DELETE	2.1 TITLE	C	☐ Change ☑ Addition
NAME	MOUCHLY-WEISS, HARRIET		2.2 NAME	BERUBE, DENIS K	
STREET ADDRESS	515 MADISON AVENUE 34TH FLOOR		2.3 STREET ADDRESS	30 PORTER DR.	
CITY-ST-ZIP	NEW YORK NY 10222		2.4 CITY-ST-ZIP	LITTLETON, MA 01460	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	NESSEN, PETER		3.2 NAME	LEVINE, CHARLES E.	
STREET ADDRESS	19 CHARLES RIVER SQ.		3.3 STREET ADDRESS	4900 MAIN STREET	
CITY-ST-ZIP	BOSTON MA 02114		3.4 CITY-ST-ZIP	KANSAS CITY, MO 64112	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CHARLES J		4.2 NAME		
STREET ADDRESS	175 FEDERAL ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, WILLIAM A		5.2 NAME		
STREET ADDRESS	30 PORTER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLETON MA 01460		5.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, ROBERT C		6.2 NAME		
STREET ADDRESS	30 PORTER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLETON MA 01460		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: William A. Marshall William A. Marshall 5/4/99 978-952-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #