

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90011 017 \*\*\*558.75

**DOCUMENT # F97000005360**

1. Entity Name  
**VIISAGE TECHNOLOGY, INC.**



Principal Place of Business  
**30 PORTER DR.  
LITTLETON, MA 01460**

Mailing Address  
**30 PORTER DR.  
LITTLETON, MA 01460**

**54063484**



2. Principal Place of Business

**296 CONCORD ROAD**

3. Mailing Address

**296 CONCORD ROAD**

Suite, Apt. #, etc.

**302**

Suite, Apt. #, etc.

**302**

07122004

Chg-P

CR2E034 (10/03)

City & State

**BILLERICA MA**

City & State

**BILLERICA MA**

4. FEI Number

**04-3320515**

Applied For

Not Applicable

Zip

**01821**

Country

**USA**

Zip

**01821**

Country

**USA**

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**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERNARD, BAILEY</b>	
STREET ADDRESS	<b>30 PORTER RD</b>	
CITY-ST-ZIP	<b>LITTLETON, MA 01460</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BERUBE, DENIS</b>	
STREET ADDRESS	<b>30 PORTER DR</b>	
CITY-ST-ZIP	<b>LITTLETON, MA 01460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NESSEN, PETER</b>	
STREET ADDRESS	<b>19 CHARLES RIVER SQ.</b>	
CITY-ST-ZIP	<b>BOSTON, MA 02114</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, CHARLES J</b>	
STREET ADDRESS	<b>53 STATE ST</b>	
CITY-ST-ZIP	<b>BOSTON, MA 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRINCIPATO, PAUL T</b>	
STREET ADDRESS	<b>5 VIRGINIA LANE</b>	
CITY-ST-ZIP	<b>STONEHAM, MA 02180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REILLY, THOMAS J</b>	
STREET ADDRESS	<b>312 WILLOWBROOK DR</b>	
CITY-ST-ZIP	<b>WAYLAND, MA 01778</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #