

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90397 042 ***150.00

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1. Entity Name
VIISAGE TECHNOLOGY, INC.



Principal Place of Business
296 CONCORD ROAD
1302
BILLERICA, MA 01821

Mailing Address
296 CONCORD ROAD
1302
BILLERICA, MA 01821

50007933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

04-3320515

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BERNARD, BAILEY
STREET ADDRESS 296 CONCORD ROAD SUITE 1302
CITY-ST-ZIP BILLERICA, MA 01821

TITLE DC ☐ Delete
NAME BERUBE, DENIS
STREET ADDRESS 30 MONUMENT SQUARE
CITY-ST-ZIP CONCORD, MA 01742

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

TITLE S ☐ Delete
NAME JOHNSON, CHARLES J
STREET ADDRESS 53 STATE ST
CITY-ST-ZIP BOSTON, MA 02109

TITLE D ☐ Delete
NAME PRINCIPATO, PAUL T
STREET ADDRESS 5 VIRGINIA LANE
CITY-ST-ZIP STONEHAM, MA 02180

TITLE D ☐ Delete
NAME REILLY, THOMAS J
STREET ADDRESS 312 WILLOWBROOK DR
CITY-ST-ZIP WAYLAND, MA 01778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☒ 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
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bradley Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

978-932-2200
Daytime Phone #