

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90602 012 \*\*\*158.75

**DOCUMENT # F99000001713**

1. Entity Name  
**AUTHENTEC, INC.**

Principal Place of Business  
**709 S HARBOR CITY BLVD**  
**SUITE 400**  
**MELBOURNE FL 32901**  
**US**

Mailing Address  
**PO BOX 2719**  
**MELBOURNE FL 32902-2719**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3521332**

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

**MOODY, F. S**  
**709 S HARBOR CITY BLVD**  
**STE 400**  
**MELBOURNE FL 32901**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MOODY, F. S  
STREET ADDRESS 709 S HARBOR CITY BLVD #400  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE Board of Directors ☐ Change ☒ Addition  
NAME Dr. Yu  
STREET ADDRESS 125 Nanking East Rd., Section 5  
CITY-ST-ZIP Taipei, Taiwan 105 ROC

TITLE VS ☒ Delete  
NAME SETLAK, DALE R  
STREET ADDRESS 709 S HARBOR CITY BLVD #400  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE CFO/VP/Secretary ☐ Change ☒ Addition  
NAME Greg Teesdale  
STREET ADDRESS 709 S Harbor City Blvd., #400  
CITY-ST-ZIP Melbourne, FL 32901

TITLE TS ☐ Delete  
NAME NOWAK, CHRISTINE  
STREET ADDRESS 709 S HARBOR CITY BLVD #400  
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE C ☐ Delete  
NAME GRUBBS, W. A  
STREET ADDRESS 500 OLD GREENSBORO  
CITY-ST-ZIP CHAPEL HILL NC 27516

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

TITLE D ☐ Delete  
NAME CRUGNALE, MATTHEW  
STREET ADDRESS 660 SAND HILL CIRCLE  
CITY-ST-ZIP MENLO PARK CA 94025

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

TITLE D ☐ Delete  
NAME KOVEN, GUS  
STREET ADDRESS 268 MAIN ST  
CITY-ST-ZIP GLADSTONE NJ 07934

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christine M. Nowak*  
**Christine M. Nowak**

Date

*1/9/02*

Daytime Phone #

*321 308 1313*

CR2E034 (9/01)