

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 023 ***158.75

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02252004 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3521332	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOODY, F. S 709 S HARBOR CITY BLVD STE 400 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, F. S 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ben Yu 2884 Sand Hill Rd., Suite 100 Menlo Park, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TEESDALE, GREG 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Phil Farmer 3380 North Riverside Dr. Indianapolis, IN 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NOWAK, CHRISTINE 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRUBBS, W. A 500 OLD GREENSBORO CHAPEL HILL, NC 27516	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUGNALE, MATTHEW 660 SAND HILL CIRCLE MENLO PARK, CA 94025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVEN, GUS 268 MAIN ST GLADSTONE, NJ 07934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gus Koven 240 Main Street Gladstone, NJ 07934
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: <i>Christine M. Nowak</i> Christine Nowak 2/25/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					