

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90071 046 \*\*\*150.00

**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**

40099313



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04102007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3521332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE D  
NAME GRADY, ROBERT ☐ Delete  
STREET ADDRESS 600 MONTGOMERY ST 39TH FL  
CITY-ST-ZIP SAN FRANCISCO, CA 94111

TITLE TS  
NAME RECOB, KATHERINE ☐ Delete  
STREET ADDRESS 709 SOUTH HARBOR CITY BLVD SUITE 400  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D  
NAME YU, BEN ☐ Delete  
STREET ADDRESS 2884 SAND HILL RD. STE 100  
CITY-ST-ZIP MENLO PARK, CA 94025

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO ☒ Change ☐ Addition  
NAME moody, F. S  
STREET ADDRESS 709 S Harbor City Blvd #400  
CITY-ST-ZIP Melbourne, FL 32901

TITLE D ☐ Change ☒ Addition  
NAME Buchanan, R. Kent  
STREET ADDRESS 1025 West Nasa Blvd  
CITY-ST-ZIP Melbourne, FL 32919

TITLE CFO ☐ Change ☒ Addition  
NAME Larsen, Gary  
STREET ADDRESS 160 Lanternback Island Drive  
CITY-ST-ZIP Satellite Beach, FL 32937

TITLE Legal Counsel ☐ Change ☒ Addition  
NAME Jorgenson, Fred  
STREET ADDRESS 695 Caribbean Rd  
CITY-ST-ZIP Satellite Beach, FL 32937

TITLE P ☐ Change ☒ Addition  
NAME Ciaccia, Larry  
STREET ADDRESS 109 Lansing Island  
CITY-ST-ZIP Indian Harbor Bch, FL 32937

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:

*Katherine Recob*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07  
Date

Daytime Phone: #

11-000714 (R) ENTERED APR 11 2007