

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90013 001 ***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
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40054650



2. Principal Place of Business - No P.O. Box # 100 Rialto Place	3. Mailing Address Suite 400
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc.
City & State Melbourne, FL	City & State
Zip 32901	Country U.S.A.

03122008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3521332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Moody, F. Scott Street Address (P.O. Box Number is Not Acceptable) 100 Rialto Place Suite 400 City Melbourne FL Zip Code 32901
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MOODY, F.S. 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO Moody, F. Scott 100 Rialto Place, Suite 400 Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, ROBERT 600 MONTGOMERY ST 39TH FL SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grady, Robert E. 555 California Street, Suite 3450 San Francisco, CA 94104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RECOB, KATHERINE 709 SOUTH HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/3 Jorgenson, Frederick R. 100 Rialto Place, Suite 400 Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YU, BEN 2884 SAND HILL RD. STE 100 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 CRUGNALE, MATTHEW 660 SAND HILL CIRCLE MENLO PARK, CA 94025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crugnale, Matthew P. 225 Crossroads Blvd., Box 418 Carmel-by-the-Sea, CA 93923-8649 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederick R. Jorgenson Frederick R. Jorgenson 3/12/08 321-308-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40054650

Attachment to 2008 for Profit Corporation Annual Report
AuthenTec, Inc.

DOCUMENT # F99000001713

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fedde, Chris	
STREET ADDRESS	4690 Millennium Drive	
CITY-ST-ZIP	Belcamp, MD 21017	