

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90021 039 \*\*\*138.75

**DOCUMENT # L02000032630**

1. Entity Name  
**INTEGRATED BIOMETRIC TECHNOLOGY, LLC**



Principal Place of Business  
**25 CENTURY BOULEVARD STE 210  
NASHVILLE, TN 37214**

Mailing Address  
**25 CENTURY BOULEVARD STE 210  
NASHVILLE, TN 37214**

**50005162**



01172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1633561**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEWART, JOHN F  
2121 WEST FIRST STREET  
FT. MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75★**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGMR  
IBT ACQUISITION LLC C/O L-1 IDENTITY SOLUT  
177 BROAD STREET  
STAMFORD, CT 06901**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OFF  
CARROLL, CHARLES R  
25 CENTURY BLVD, STE 210  
NASHVILLE, TN 37214**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OFF  
SPENCER, RICHARD D  
25 CENTURY BLVD STE 210  
NASHVILLE, TN 37214**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OFF  
SANDIDGE, PHILIP W  
25 CENTURY BLVD, STE 210  
NASHVILLE, TN 37214**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OFF  
BROWN, CHRIS  
25 CENTURY BLVD, STE 210  
NASHVILLE, TN 37214**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**DANIEL SCIDERS  
SENIOR ACCOUNTANT**

**1/14/08**

Date

**615-871-0522**

Daytime Phone #