2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# M00000001223

Entity Name: GENPASS TECHNOLOGIES, LLC

Current Principal Place of Business:

1255 CORPORATE DR., 6TH FL
IRVING, TX 75038

New Principal Place of Business:

1255 CORPORATE DR, 6TH FLOOR
IRVING, TX 75038

Current Mailing Address:

1255 CORPORATE DR., 6TH FL
IRVING, TX 75038

New Mailing Address:

1255 CORPORATE DR, 6TH FLOOR
IRVING, TX 75038

FEI Number: 75-2879017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: EVP ( ) Delete
Name: MCHUGH, THOMAS J
Address: 1255 CORPORATE DR., 6TH FL
City-St-Zip: IRVING, TX 75038

Title: CFO ( ) Delete
Name: FAZZONE, CAROL S
Address: 1255 CORPORATE DR., 6TH FL
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCHUGH, THOMAS J
Address: 1255 CORPORATE DR, 6TH FLOOR
City-St-Zip: IRVING, TX 75038

Title: MGR (X) Change ( ) Addition
Name: FAZZONE, CAROL S
Address: 1255 CORPORATE DR, 6TH FLOOR
City-St-Zip: IRVING, TX 75038

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL S. FAZZONE MGR 04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date