2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000001223

Entity Name: GENPASS TECHNOLOGIES, LLC

FILED Jan 08, 2008 Secretary of State

			Name Daine		
Current Principal Place of Business: New Principal Place of Business:				ipal Place of Business:	
1255 CORFIRVING, TX	PORATE DR, 6 (75038	TH FLOOR			
Current Mailing Address:			New Mailing Address:		
1255 CORPORATE DR, 6TH FLOOR IRVING, TX 75038					
FEI Number: 75-2879017 FEI Number Applied For ()		FEI Number Not Appli	El Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324				
The above in the State		ıbmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/C	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () E ESTEP, JANET C 2751 SHEPARD ST. PAUL, MN 5	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () E VENTURO, DOMI 2751 SHEPARD ST. PAUL, MN 5	ROAD	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition JUNTTI, JOHN P 2751 SHEPARD RD ST. PAUL, MN 55116	
Title: Name: Address: City-St-Zip:	POSEY, JOSEPH	SQUARE DRIVE, SUITE 620	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition LAW, JAMES P 1255 CORPORATE DR IRVING, TX 75038	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TRU () Change (X) Addition FAZZONE, CAROL S 1255 CORPORATE DR IRVING, TX 75038	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition KRUSH, MATT 800 NICOLLET MALL MINNEAPOLIS, MN 55402	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zip:	OFF () Change (X) Addition SEELEY, CARA 800 NICOLLETE MALL MINNEAPOLIS, MN 55402	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARA SEELEY OFF 01/08/2008