2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000051322

Title:

Name:

Address:

City-St-Zip:

() Delete

MILLER, CRAIG

EVERETT, WA 98201

606 WARREN

ne: THE INTERNATIONAL MICR ENCODING COMPANY INC

FILED May 16, 2006 Secretary of State

Entity Name: THE INTERNATIONAL MICR ENCODING COMPANY INC.	
Current Principal Place of Business:	New Principal Place of Business:
309 1/2 CENTRE ST, STE. 205 FERNANDINA BEACH, FL 32034 US	420 GALVEZ LANE 308 ST AUGUSTINE, FL 32095 US
Current Mailing Address:	New Mailing Address:
32-91ST AVE SE EVERETT, WA 98205	P.O BOX 1929 ST AUGUSTINE, FL 32085
FEI Number: 59-3756153 FEI Number Applied For () FEI Num	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
PETERS, ROBERT 309 1/2 CENTRE ST, STE. 205 FERNANDINA BEACH, FL 32034 US The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: ROBERT PETERS Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:	he prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: CEOP () Delete Name: BERRY, KENNETH S Address: 32-91ST AVE SE City-St-Zip: EVERETT, WA 98205	Title: () Change () Addition Name: Address: City-St-Zip:
Title: V () Delete Name: LAZ, ROBERT Address: 5402 WONDERLAND ROAD City-St-Zip: SNOHAMISH, WA 98290	Title: V (X) Change () Addition Name: LAZ, STANLEY Address: 5402 WONDERLAND ROAD City-St-Zip: SNOHAMISH, WA 98290

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH S BERRY CEOP 05/16/2006

() Change () Addition