

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P05000143451	
1. Entity Name	
BIOSOMETRIX, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1875 OLD ALABAMA ROAD, SUITE 640		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROSWELL, GA		City & State	
Zip 30076-2264	Country	Zip	Country

U00000695670
04/17/07-80068-017 150.00

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4. FEI Number 20-3676398		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name CYRUS HARRINGTON	
Street Address (P.O. Box Number is Not Acceptable) 241 YACHT CLUB DR	
City NICEVILLE	Zip Code FL

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 _____ 32578
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CYRUS HARRINGTON 241 YACHT CLUB DR NICEVILLE, FL. 32578
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cyrus Harrington CYRUS HARRINGTON April 3 07 (770) 992-2290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #