FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29595 (6)

1. Corporation Name
INTELLIKEY CORPORATION

Principal Place of Business	Mailing Address
551 S. APOLLO BLVD. SUITE 204 MELBOURNE FL 32901	551 S. APOLLO BLVD. SUITE 204 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-2959640 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VLIEGENTHART, DONALD H
551 S. APOLLO BLVD.
SUITE 204
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Verge William
82 Street Address (P.O. Box Number is Not Acceptable): 551 S. Apollo Blvd Ste 204
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CONN, JOHN L	1.2 NAME		
STREET ADDRESS	551 S. APOLLO BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	Delete as P/D	☒ Change ☐ Addition
NAME	ROMANOETTI, CHRISTIAN R	2.2 NAME		
STREET ADDRESS	551 S. APOLLO BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE	no longer CD only D	☒ Change ☐ Addition
NAME	VLIEGENTHART, DONALD H	3.2 NAME		
STREET ADDRESS	551 S. APOLLO BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Change to CD	☒ Change ☐ Addition
NAME	CHARLES SILAS DR	4.2 NAME		
STREET ADDRESS	551 S APOLLO BLVD STE 204	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	TS	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	VERGE SILLIAM G	5.2 NAME	Verge, William G.	
STREET ADDRESS	551 S APOLLO BLVD STE 204	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	D	
TITLE		6.1 TITLE	Wagner, William	☐ Change ☒ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	551 S. Apollo Blvd Ste 204	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Melbourne FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] William Verge - President 4/4/95 (407) 724-0704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 CP