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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P36708** (6)
1. Corporation Name
DIGITAL BIOMETRICS, INC.

Principal Place of Business
**5600 ROWLAND ROAD, SUITE 205
MINNETONKA MN 55343-8966**

Mailing Address
**5600 ROWLAND ROAD, SUITE 205
MINNETONKA MN 55343-4315**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1991		3a. Date of Last Report 03/27/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 41-1545069		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		NOTE: Registered Agent signature required when reinstating		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PCD	<input checked="" type="checkbox"/> DELETE			
NAME	KLINGERT, JACK A.				
STREET ADDRESS	5600 ROWLAND ROAD, #205				
CITY-ST-ZIP	MINNETONKA MN				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	FISHBINE, GLENN M.				
STREET ADDRESS	5600 ROWLAND ROAD, #205				
CITY-ST-ZIP	MINNETONKA MN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SLAVIN, STEPHEN M.				
STREET ADDRESS	330 NORTH WABASH AVE., #3300				
CITY-ST-ZIP	CHICAGO IL				
TITLE	VTS	<input checked="" type="checkbox"/> DELETE			
NAME	BERG, DONALD E.				
STREET ADDRESS	5600 ROWLAND RD. #205				
CITY-ST-ZIP	MINNETONKA MN				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MAGNUSSON, JAN H.				
STREET ADDRESS	14405 21ST AVE N				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LATIMER, GEORGE				
STREET ADDRESS	547 W JACKSON, 6TH FLOOR				
CITY-ST-ZIP	CHICAGO IL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	GRANGER, JAMES C.				
1.3 STREET ADDRESS	5600 ROWLAND ROAD, #205				
1.4 CITY-ST-ZIP	MINNETONKA, MN				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	CFO/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	METIL, JOHN J.				
4.3 STREET ADDRESS	5600 ROWLAND ROAD, #205				
4.4 CITY-ST-ZIP	MINNETONKA, MN				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	LEWIS, III, C. MCKENZIE				
5.3 STREET ADDRESS	5759 LONG BREAK CIRCLE SOUTH				
5.4 CITY-ST-ZIP	EDINA, MN				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

I do 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 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 person 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 to be attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

612-932-0888

Daytime Phone

0496964

CR2E034 (9/96)



ELECTRONIC FINGERPRINTING SYSTEMS

OFFICERS
(As of May 1, 1997)

NAME/TITLE/ADDRESS:

MR. JAMES C. GRANGER
President and Chief Executive Officer
Digital Biometrics, Inc.
5600 Rowland Road, Suite 205
Minnetonka, MN 55343

MR. GLENN M. FISHBINE
Senior Vice President, Technology
Digital Biometrics, Inc.
5600 Rowland Road, Suite 205
Minnetonka, MN 55343

MR. BARRY A. FISHER
Vice President
Sales, Marketing & Business Development
Digital Biometrics, Inc.
5600 Rowland Road, Suite 205
Minnetonka, MN 55343

MR. ROMAN A. JAMROGIEWICZ
Vice President
Engineering
Digital Biometrics, Inc.
5600 Rowland Road, Suite 205
Minnetonka, MN 55343

MR. JOHN J. METIL
Chief Operating Officer, Chief Financial Officer
Digital Biometrics, Inc.
5600 Rowland Road, Suite 205
Minnetonka, MN 55343



**DIGITAL
BIOMETRICS
INC.**

ELECTRONIC FINGERPRINTING SYSTEMS

BOARD OF DIRECTORS ADDRESSES

<u>NAME/ADDRESS</u>	<u>DATE TERM EXPIRES</u>
Mr. JAMES C. GRANGER Digital Biometrics, Inc. 5600 Rowland Road, Suite #205 Minnetonka, MN 55343-4315	February 18, 1998
MR. JACK A. KLINGERT Digital Biometrics, Inc. 5600 Rowland Road, Suite #205 Minnetonka, MN 55343-4315	February 18, 1998
MR. GEORGE LATIMER National Equity Fund 547 West Jackson 6th Floor Chicago, IL 60661	February 18, 1998
MR. C. MCKENZIE LEWIS, III 5759 Long Break Circle South Edina, MN 55439	February 18, 1998
MR. STEPHEN M. SLAVIN Foley & Lardner One IBM Plaza Suite 3300 330 North Wabash Avenue Chicago, Illinois 60611	February 18, 1998