

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91419 013 ***150.00

0848973 AT

DOCUMENT # P36708

1. Entity Name
VISIONICS CORPORATION



Principal Place of Business
**5600 ROWLAND ROAD, SUITE 205
MINNETONKA MN 55343-8956**

Mailing Address
**5600 ROWLAND ROAD, SUITE 205
MINNETONKA MN 55343-8956**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1545069**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWLER, JOHN E**
CITY-ST-ZIP **4740 34TH STREET NORTH
ARLINGTON VA 22207**

TITLE ☐ Change ☒ Addition
NAME **T Erik Prusch**
STREET ADDRESS **5600 Rowland Road**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ Delete
NAME **PC**
STREET ADDRESS **ATICK, JOSEPH**
CITY-ST-ZIP **255 E 49TH ST APT 17B
NEW YORK NY 10017**

TITLE ☐ Change ☒ Addition
NAME **S Mark Molina**
STREET ADDRESS **5600 Rowland Road**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAUGO, JOHN E**
CITY-ST-ZIP **1407 CROIX CRESS DRIVE
HUDSON WI 54016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **GALLAGHER, ROBERT F**
CITY-ST-ZIP **4292 NORMA AVENUE
ARDEN HILLS MN 55112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LEWIS, C MCKENZIE III**
CITY-ST-ZIP **5759 LONG BREAK CR S
EDINA MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LATIMER, GEORGE**
CITY-ST-ZIP **547 W JACKSON, 6TH FLOOR
CHICAGO IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

Daytime Phone #

CR2E034 (10/02)