

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064286

Entity Name: DIGITAL AUTHENTICATION TECHNOLOGIES, INC.**Current Principal Place of Business:**1800 NW CORPORATE BLVD
SUITE 303 ATTN: ALEX LEONARDO
BOCA RATON, FL 33431**Current Mailing Address:**1800 NW CORPORATE BLVD
SUITE 303 ATTN: ALEX LEONARDO
BOCA RATON, FL 33431 US**FEI Number:** 65-0617160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEONARDO, ALEX
1800 NW CORPORATE BLVD
303
BOCA RATON, FL 33431 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	DUBE, ROGER RDR
Address	35 STONINGTON DRIVE
City-State-Zip:	PITTSFORD NY 14534
Title	TREASURER
Name	LANTER, DAVID B
Address	1800 CORPORATE BLVD, SUITE 303
City-State-Zip:	BOCA RATON FL 33431
Title	DIRECTOR
Name	GREENBERG, BOB
Address	6175 NW 123 LN
City-State-Zip:	CORAL SPRINGS FL 33076
Title	SECRETARY
Name	DODRILL II, JAMES G
Address	5800 HAMILTON WAY
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	ROSENWALD III, JAMES B
Address	121 W TORRANCE BLVD. SUITE 100
City-State-Zip:	REDONDO BEACH CA 90277
Title	PRESIDENT, DIRECTOR
Name	MORGENSTERN, RICHARD L
Address	1800 NW CORPORATE BLVD 303
City-State-Zip:	BOCA RATON FL 33431
Title	DIRECTOR
Name	MALIK, ANDREW J
Address	700 PARK AVE
City-State-Zip:	NEW YORK NY 10021

I hereby 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 all other like empowered.

SIGNATURE: ROGER RDR DUBE**DIRECTOR****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date