2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2005 08:00 AM Secretary of State

ANNUAL REPURI		- Coordon of C4.	- Ā
DOCUMENT # 852176 1. Entity Name ICON IDENTITY SOLUTIONS, INC.		Secretary of Sta	11
Principal Place of Business 2480 GREENLEAF AVENUE ELK GROVE VILLAGE, IL 60007 Mailing Address 1418 ELMHURST RD ELK GROVE VILLAGE, IL 6000	7		5 q
DO NOT WRITE IN THIS SPA	CE	07062005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 36-4122053 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEILL, ROGER L. 11661 LOST TREE WAY N PALM BCH, FL 33408		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered agent applicable (NOTE Registered agent applicable (NOTE Registered agent applicable (NOTE Registered agent applicable Trust Fund Contribution.	ad Agent signature required		apt
10. OFFICERS AND DIRECTORS ITILE EVP NAME GARY, GERALD T STREET ADDRESS 501 WEST 68TH STREET CITY-ST-2IP DOWNERS GROVE, IL 60516 ITILE TS NAME CALLAN, JOHN STREET ADDRESS CITY-ST-2IP ELK GROVE, IL TITLE NAME NAME	== _=	U00000372786 07/14/05-80007-003 558.75	
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		DO NOT WRITE IN THIS SPACE	
NAME			

12. I hereby certify that the information supplied with this filling 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!

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05 (847)631-3133

Daytime Phone #