

FLORIDA DEPARTMENT OF STATE
DIVISION OF ELECTIONS

VOTING SYSTEM REGISTERED AGENT DESIGNATION

(Section 101.5605, Fla. Stat.)

This form becomes a public record upon its filing.

(PLEASE PRINT OR TYPE)

VOTING SYSTEM FOR WHICH THIS FORM IS BEING SUBMITTED

Name of Voting System:

Reason for designating registered agent -- check applicable box:

- Desire to submit voting system for examination by Division of Elections.
(§ 101.5605(3)(a), Fla. Stat.)
- Desire to enter into contract for sale or lease of an approved voting system to a county within Florida. (§ 101.5605(3)(b), Fla. Stat.)

Name of person submitting the voting system for examination or name or person who will enter into the contract for the sale or lease of an approved voting system to a county in Florida:

Name:

Company:

Mailing Address:

Suite:

City:

State:

ZIP Code:

Telephone Number:

Email:

Signature:

Date:

VOTING SYSTEM REGISTERED AGENT IN FLORIDA

Name of Registered Agent:

Mailing Address:

Suite:

City:

State: Florida

Zip Code:

Telephone Number:

Email:

By signing, I agree to be the registered agent for the voting system designated above.

Signature:

Date:

Submit the form to the Bureau of Voting Systems Certification, Division of Elections, R.A. Gray Building, Room 316, Tallahassee, FL 32399-0250. Any changes to this form must also be reported promptly.