2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# 846671

Entity Name: ST. ONGE, RUFF AND ASSOCIATES, INC., A DIVISION OF TRANSYSTEMS CORPORATION

Current Principal Place of Business:

617 MARKET STREET
YORK, PA 17404

New Principal Place of Business:

220 ST CHARLES WAY
STE. 150
YORK, PA 17402

Current Mailing Address:

2400 PERSHING ROAD
STE. 400
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 23-1310129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LARSON, BRIAN G
Address: 2400 PERSHING ROAD, STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: ST ( ) Delete
Name: LAND, CHERLYN A
Address: 2400 PERSHING ROAD, STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: V ( ) Delete
Name: BREMNER, WILLIAM R
Address: 617 W MARKET STREET
City-St-Zip: YORK, PA 17404

Title: D ( ) Delete
Name: LARSON, BRIAN G
Address: 2400 PERSHING ROAD, STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete
Name: MARTIN, JAMES E
Address: 2400 PERSHING ROAD, STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete
Name: LADNER, DAVID B
Address: 500 W 7TH STREET, STE. 600
City-St-Zip: FT. WORTH, TX 76102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERLYN A LAND ST 02/20/2007

Electronic Signature of Signing Officer or Director — Date