2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846671

FILED Jan 12, 2008 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
220 ST CH/ STE. 150 YORK, PA	ARLES WAY 17402					
Current Mailing Address:			New Maili	New Mailing Address:		
2400 PERSHING ROAD STE. 400 KANSAS CITY, MO 64108						
FEI Number: 23-1310129 FEI Number Applied For () FEI Nu		FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
The above in the State		ubmits this statement for the pu	rpose of changing it	its registered office or registered agent, or both,		
SIGNATUR						
Electronic Signature of Registered Agent			t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LARSON, BRIAN	ROAD, STE. 400	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	LAND, CHERLYN	ROAD, STE. 400	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition MURPHY, ANGELA E 2400 PERSHING ROAD, STE. 400 KANSAS CITY, MO 64108		
Title: Name: Address: City-St-Zip:	V ()E BREMNER, WILL 617 W MARKET YORK, PA 1740	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LARSON, BRIAN	ROAD, STE. 400	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MARTIN, JAMES	ROAD, STE. 400	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()[LADNER, DAVID 500 W 7TH STRE FT. WORTH, TX	EET, STE. 600	Title: Name: Address: City-St-Zip:	()Change ()Addition		
I hereby certify that the information supplied with this filing does not qualify 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						

SIGNATURE: ANGELA E MURPHY ST 01/12/2008

above, or on an attachment with an address, with all other like empowered.