

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005072

Entity Name: MEDCOM/TRAINEX CO.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

6060 PHYLLIS DRIVE
CYPRESS, CA 90630 US

New Principal Place of Business:

Current Mailing Address:

6060 PHYLLIS DRIVE
CYPRESS, CA 90630 US

New Mailing Address:

FEI Number: 33-0206450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: C () Delete
Name: MANLEY, JOHN
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA

Title: P () Delete
Name: GORUM, LARRY A
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA

Title: V () Delete
Name: MUECKE, PATRICIA A
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MANLEY, JOHN
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: P (X) Change () Addition
Name: GORUM, LARRY A
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: V (X) Change () Addition
Name: MUECKE, PATRICIA A
Address: 6060 PHYLLIS DRIVE
City-St-Zip: CYPRESS, CA 90630

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

SIGNATURE: PATRICIA A. MUECKE

VP

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date