

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005072

Entity Name: MEDCOM/TRAINEX CO.

FILED  
Mar 31, 2010  
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  
Name: MANLEY, JOHN  
Address: 6060 PHYLLIS DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: P  
Name: GORUM, LARRY A  
Address: 6060 PHYLLIS DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: V  
Name: MUECKE, PATRICIA A  
Address: 6060 PHYLLIS DRIVE  
City-St-Zip: CYPRESS, CA 90630

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. MUECKE

VP

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date