

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 439371

FILED
Jan 21, 2009
Secretary of State

Entity Name: LOPATKA, MURDOCK, JAMMAL & ASSOCIATES, A TRANSYSTEMS CORPORATION

Current Principal Place of Business:

2400 PERSHING ROAD
SUITE 400
KANSAS CITY, MO 64108

New Principal Place of Business:

Current Mailing Address:

ATTN: J. KAHMANN
2400 PERSHING ROAD, SUITE 400
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 59-1488944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PT () Delete
Name: LARSON, BRIAN G
Address: 2400 PERSHING RD., STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: S () Delete
Name: MURPHY, ANGELA E
Address: 2400 PERSHING RD., STE. 400
City-St-Zip: KANSAS CITY, MO 64108

Title: V () Delete
Name: MURDOCK, ROBERT
Address: 101 SOUTHHALL LANE, STE. 355
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: JAMMAL, EMILE
Address: 101 SOUTHHALL LANE, STE. 355
City-St-Zip: MAITLAND, FL 32751

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

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

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 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: ANGELA E MURPHY

S

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date