2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# F04000001762

Entity Name: SYSTEMATIC BUSINESS SERVICES, INC.

Current Principal Place of Business:

10101 RENNER BLVD.
LENEXA, KS 662199852

New Principal Place of Business:

Current Mailing Address:

10101 RENNER BLVD.
LENEXA, KS 662199852

New Mailing Address:

FEI Number: 43-1336549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MOHAPATRA, SURYA N
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: VP ( ) Delete
Name: HAGEMANN, ROBERT A
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: VP ( ) Delete
Name: HALE, CARLA S
Address: 10101 RENNER BLVD
City-St-Zip: LENEXA, KS 66219

Title: T ( ) Delete
Name: MANORY, JOSEPH P
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: AT ( ) Delete
Name: CALAMARI, STRPHEN A
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS (X) Change ( ) Addition
Name: FARRENKOPF, LEO C JR.
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

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

Title: V ( ) Change (X) Addition
Name: O'KEEF, ROBERT F
Address: 1290 WALL ST. WEST
City-St-Zip: LYNDHURST, NJ 07071

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: STRPHEN A CALAMARI AT 04/25/2008

Electronic Signature of Signing Officer or Director — Date