



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90091 007 \*\*\*150.00

<b>DOCUMENT # F05000003550</b> 1. Entity Name <b>CRAMER SYSTEMS, INC.</b>					
Principal Place of Business <b>6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204</b>				Mailing Address <b>6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1390 Timberlake Manor Pkwy</b> Suite, Apt. #, etc.			
City & State <b>Chesterfield Mo</b>		City & State <b>Chesterfield Mo</b>		4. FEI Number <b>54-2012303</b>	
Zip <b>63017</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRATON, JONATHAN P 6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ynon Haramaty 1390 Timberlake Manor Pkwy Chesterfield Mo 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE-JONES, DAVID 6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Treasurer Tom Magrecki 1390 Timberlake Manor Pkwy Chesterfield, Mo 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HACKETT, EMMY B 6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas C. Drury 1390 Timberlake Manor Pkwy Chesterfield, Mo 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, RON 6900 NORTH DALLAS PARKWAY, SUITE 825 PLANO, TX 75204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jeanne Devine 1390 Timberlake Manor Pkwy Chesterfield Mo 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>3/26/07</b></span> <span><b>314 212 7000</b></span> </div> <small>Date Daytime Phone #</small>		