2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F07000001239

Entity Name: TRANSYSTEMS SECURITY CONSULTING CORPORATION

Current Principal Place of Business:

2400 PERSHING ROAD SUITE 400
KANSAS CITY, MI 64108

New Principal Place of Business:

2400 PERSHING ROAD SUITE 400
KANSAS CITY, MO 64108

Current Mailing Address:

2400 PERSHING ROAD SUITE 400
KANSAS CITY, MI 64108

New Mailing Address:

2400 PERSHING ROAD SUITE 400
KANSAS CITY, MO 64108

FEI Number: 20-8334858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: DP ( ) Delete
Name: LARSON, BRIAN G
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MI 64108

Title: DST ( ) Delete
Name: MURPHY, ANGELA E
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MI 64108

Title: DV ( ) Delete
Name: POPE, EUGENE J
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MI 64108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LARSON, BRIAN G
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MO 64108

Title: DST (X) Change ( ) Addition
Name: MURPHY, ANGELA E
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MO 64108

Title: DV (X) Change ( ) Addition
Name: POPE, EUGENE J
Address: 2400 PERSHING ROAD SUITE 400
City-St-Zip: KANSAS CITY, MO 64108

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 DST 01/20/2009

Electronic Signature of Signing Officer or Director — Date