2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001592

Entity Name: POSITRON PUBLIC SAFETY SYSTEMS CORP.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3 SECOND ST PLAZA 10 HARBORSIDE FINANCIAL CNTR JERSEY CITY, NJ 07311				11808 MIRACLE HILLS DRIVE OMAHA, NE 68154		
Current Mailing Address:				New Mailing Address:		
3 SECOND ST PLAZA 10 HARBORSIDE FINANCIAL CNTR JERSEY CITY, NJ 07311			11808 MIRACLE HILLS DRIVE OMAHA, NE 68154			
FEI Number: 58-2381670 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BOXER, LANCE	Delete LAZA 10 HARBORSIDE FINANCIAL J 07311		Title: Name: Address: City-St-Zip:	P (X) Ch HEINRICHS, GEOR 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE
Title: Name: Address: City-St-Zip:	ROBERTS, DOU	ST PLAZA 10 HARBORSIDE FINANC		Title: Name: Address: City-St-Zip:	S (X) Ch MUSSMAN, DAVID 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE
Title: Name: Address: City-St-Zip:	MCSHERRY, JOI	LAZA 10 HARBORSIDE FINANCIAL		Title: Name: Address: City-St-Zip:	T (X) Ch MENDLIK, PAUL M 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE
Title: Name: Address: City-St-Zip:	WHELAN, TIMOT	LAZA 10 HARBORSIDE FINANCIAL		Title: Name: Address: City-St-Zip:	D (X) Ch BARKER, THOMAS 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D () Ch BERGER, NANCEE 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Ch STANGL, STEVEN 11808 MIRACLE H OMAHA, NE 68154	ILLS DRIVE

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: PAUL M MENDLIK T 04/23/2009