

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002393

FILED
Jun 29, 2009
Secretary of State

Entity Name: AUROA SYSTEMS GROUP, INC.

Current Principal Place of Business:

999 EXECUTIVE PARKWAY
SUITE 201
ST. LOUIS, MO 63141

New Principal Place of Business:

1224 FERN RIDGE PARKWAY
SUITE 120
ST. LOUIS, MO 63141

Current Mailing Address:

999 EXECUTIVE PARKWAY
SUITE 201
ST. LOUIS, MO 63141

New Mailing Address:

1224 FERN RIDGE PARKWAY
SUITE 120
ST. LOUIS, MO 63141

FEI Number: 43-1779730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: METIVIER, STEPHEN H
Address: 578 OWLS PERCH DR.
City-St-Zip: LAKE ST. LOUIS, MO 63367

Title: P () Delete
Name: METIVIER, STEPHEN H
Address: 578 OWLS PERCH DR.
City-St-Zip: LAKE ST. LOUIC, MO 63367

Title: VCHR () Delete
Name: ASINGER, MATTHEW J
Address: 200 COLFAX ROAD
City-St-Zip: CAMBRIDGE, NY 12816

Title: SVD () Delete
Name: PARTHASARATHY, MURALI
Address: 1706 KIMMWOOD CT.
City-St-Zip: CHESTERFIELD, MO 63005

Title: VD () Delete
Name: MONTGOMERY, JUDITH A
Address: 4 BENTLY CIRCLE CT.
City-St-Zip: CHESTERFIELD, MO 63017

Title: VT () Delete
Name: ASINGER, MATTHEW J
Address: 200 COLFAX ROAD
City-St-Zip: CAMBRIDGE, NY 12816

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: MATTHEW J. ASINGER

VCHR

06/29/2009

Electronic Signature of Signing Officer or Director

Date