## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000001896

Entity Name: TRANS-ALARM, INC.

FILED Jan 04, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

500 E TRAVELERS TRAIL #600 500 E TRAVELERS TRAIL BURNSVILLE, MN 55337

SUITE 600

BURNSVILLE, MN 55337

**Current Mailing Address: New Mailing Address:** 

500 E TRAVELERS TRAIL #600 500 E TRAVELERS TRAIL BURNSVILLE, MN 55337 SUITE 600

BURNSVILLE, MN 55337

FEI Number: 37-1445183 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR., SUITE 4 WESTON, FL 33331

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

## **OFFICERS AND DIRECTORS:**

Title:

CHAMPEAU, STEVE Name:

500 E TRAVELERS TRAIL #600 Address: City-St-Zip: BURNSVILLE, MN 55337

Title: **VCVP** Name: KISER, JC

500 E TRAVELERS TRAIL #600 Address: BURNSVILLE, MN 55337 City-St-Zip:

Title: ST

KISER, JC Name:

500 E TRAVELERS TRAIL #600 Address: City-St-Zip: BURNSVILLE, MN 55337

Title:

EUGSTER, JACK Name:

Address: 500 E TRAVELERS TRAIL #600 City-St-Zip: BURNSVILLE, MN 55337

Title:

Name: JOHNSON, TIM

Address: 500 E TRAVELERS TRAIL #600 City-St-Zip: BURNSVILLE, MN 55337

I hereby 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 all other like empowered.

SIGNATURE: STEVE CHAMPEAU CEO 01/04/2011