


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000003268</b>	
1. Entity Name <b>RAPID RESPONSE MONITORING SERVICES INCORPORATED</b>	

Principal Place of Business <b>400 WEST DIVISION STREET SYRACUSE, NY 13204</b>	Mailing Address <b>400 WEST DIVISION STREET SYRACUSE, NY 13204</b>
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02122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1432416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FINDLAY, THOMAS MASON  
12512 SCOTTISH PINE LANE  
CLERMONT, FL 34711**

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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 restate) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>	<b>000000934615 02/28/08-80060-012 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PIDA, DAVID 400 WEST DIVISION STREET SYRACUSE, NY 13204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FINDLAY, TOM 12512 SCOTTISH PINE LAND CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MACDONNELL, RUSSELL 400 WEST DIVISION STREET SYRACUSE, NY 13204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** David Pida 2/12/08 (800)932-3822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #