

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003268

FILED
Jan 16, 2009
Secretary of State

Entity Name: RAPID RESPONSE MONITORING SERVICES INCORPORATED

Current Principal Place of Business:

400 WEST DIVISION STREET
SYRACUSE, NY 13204

New Principal Place of Business:

Current Mailing Address:

400 WEST DIVISION STREET
SYRACUSE, NY 13204

New Mailing Address:

FEI Number: 16-1432416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINDLAY, THOMAS MASON
12512 SCOTTISH PINE LANE
CLERMONT, FL 34711 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: V () Delete
Name: PIDA, DAVID
Address: 400 WEST DIVISION STREET
City-St-Zip: SYRACUSE, NY 13204

Title: S () Delete
Name: FINDLAY, TOM
Address: 12512 SCOTTISH PINE LAND
City-St-Zip: CLERMONT, FL 34711

Title: CEO () Delete
Name: MACDONNELL, RUSSELL
Address: 400 WEST DIVISION STREET
City-St-Zip: SYRACUSE, NY 13204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PIDA, DAVID
Address: 400 WEST DIVISION STREET
City-St-Zip: SYRACUSE, NY 13204

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: DAVID PIDA

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date