2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000005043

1710 SAIC DRIVE

MCLEAN, VA 22102 US

Address:

City-St-Zip:

FILED Jul 16, 2009 Secretary of State

Entity Nar	ne: BDSYSH	EMS, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	MPUS POINT D O, CA 92121						
Current Mailing Address:			New Mailin	New Mailing Address:			
	K DEPT. MPUS POINT D O, CA 92121	RIVE US					
FEI Number:	95-3675882	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324	ID ROAD					
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing it	ts registered o	office or registered agent	, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	JAMES 360 COMMAND	Delete VIEW RINGS. CO 80915 US	Title: Name: Address: Citv-St-Zip:	SMITH, JAMES 360 COMMAN			

Title: S () Delete Title: (X) Change () Addition GREINER, PAUL Name: PAUL Name: Address: 10260 CAMPUS POINT DRIVE SAN DIEGO CA 9212 Address: 10260 CAMPUS POINT DRIVE SAN DIEGO CA 9212 SAN DIEGO, CA 92121 US SAN DIEGO, CA 92121 US City-St-Zip: City-St-Zip: Title: Title: () Delete D (X) Change () Addition Name: MICHAEL Name: MCCARTHY, MICHAEL 14668 LEE ROAD CHANTILLY VA 20151 Address: 14668 LEE ROAD CHANTILLY VA 20151 Address: CHANTILLY, VA 20151 US City-St-Zip: City-St-Zip: CHANTILLY, VA 20151 US () Delete Title: Title: (X) Change () Addition K. STUART SHEA, K. STÙART Name: Name:

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.

Address:

City-St-Zip:

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MCLEAN, VA 22102 US

SIGNATURE: PAUL H GREINER 07/16/2009 S