

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005236

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** RAPISCAN SYSTEMS, INC.

**Current Principal Place of Business:**

12525 CHADRON AVE  
HAWTHORNE, CA 90250

**New Principal Place of Business:**

**Current Mailing Address:**

12525 CHADRON AVE.  
HAWTHORNE, CA 90250

**New Mailing Address:**

**FEI Number:** 95-4413488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CHOPRA, DEEPAK  
Address: 12525 CHADRON AVE.  
City-St-Zip: HAWTHORNE, CA 90250

Title: DP  
Name: MEHRA, AJAY  
Address: 12525 CHADRON AVE.  
City-St-Zip: HAWTHORNE, CA 90250

Title: D  
Name: KOTOWSKI, ANDREAU  
Address: 12525 CHADRON AVE  
City-St-Zip: HAWTHORNE, CA 90250

Title: CFO  
Name: LUIZ, ERIC  
Address: 12525 CHADRON  
City-St-Zip: HAWTHORNE, CA 90250

Title: S  
Name: SZE, VICTOR  
Address: 12525 CHADRON  
City-St-Zip: HAWTHORNE, CA 90250

Title: BOD  
Name: CHOPRA, DEEPAK  
Address: 12525 CHADRON AVE.  
City-St-Zip: HAWTHORNE, CA 90250

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: VICTOR SZE

SECY

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date