2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
09-12-2001 90023 015 ***550.00

DOCUMENT # F99000003593

1. Entity Name

~~EPIQ, INC.~~

EPIQ SYSTEMS, INC.

NO NAME CHG. OK Kim

Principal Place of Business	Mailing Address
501 KANSAS AVE. KANSAS CITY KS 66105	501 KANSAS AVE. KANSAS CITY KS 66105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 48-1056429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E.PARK AVE. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OLOFSON, TOM W 501 KANSAS AVE. KANSAS CITY KS 66105	☐ Delete	V THOMAS L. LAFTON 501 KANSAS AVE KANSAS CITY, KS 66105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, ROBERT C 911 MAIN STREET, SUITE 2800 KANSAS CITY KS 64105	☐ Delete	V ALBERT T. ANNILLO 501 KANSAS AVENUE KANSAS CITY, KS 66105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OLOFSON, CHRISTOPHER E 501 KANSAS AVE. KANSAS CITY KS 66105	☐ Delete	V CATHY MURRAY 501 KANSAS AVE KANSAS CITY, KS 66105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATTERLEE, W. BRYAN 501 KANSAS AVE. KANSAS CITY KS 66105	☐ Delete	V SALLY MACDONALD 501 KANSAS AVE KANSAS CITY, KS 66105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV KATTERHENRY, JANICE E 501 KANSAS AVE KANSAS CITY KS 66105	☐ Delete	ASSISTANT SECRETARY MICHAEL A. RFDER 501 KANSAS AVE KANSAS CITY, KS 66105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD M. CONNOLLY, JR. 501 KANSAS AVE KANSAS CITY KS 66105	☐ Delete		☐ Change ☐ Addition

CR2E034 (5/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MICHAEL A. RFDER 8-31-01 913-621-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #