2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
05-20-2005 90035 035 ***550.00

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1. Entity Name
EPIQ SYSTEMS, INC.

50053019

05062005 Chg-P CR2E034 (10/03)

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

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOEL PELOFSKY 501 KANSAS AVE. KANSAS CITY, KS 66105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNES, JAMES A 501 KANSAS AVE. KANSAS CITY, KS 66105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MICHAEL A. RIDER 501 KANSAS AVE. 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATTERLEE, W. BRYAN 501 KANSAS AVE. KANSAS CITY, KS 66105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV BRAHAM, ELIZABETH 501 KANSAS AVENUE KANSAS CITY, KS 66105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOLLY, EDWARD M JR 501 KANSAS AVENUE KANSAS CITY, KS 66105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / MICHAEL A. RIDER / 5-6-2005 / 913-621-9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTROLLER/ASSISTANT SECRETARY