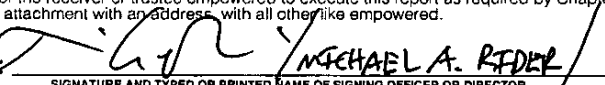


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90035 035 ***550.00

DOCUMENT # F99000003593 1. Entity Name EPIQ SYSTEMS, INC.					
Principal Place of Business 501 KANSAS AVE. KANSAS CITY, KS 66105			Mailing Address 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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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
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
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	
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	
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	
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	
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:  MICHAEL A. RIDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5-6-2005 913-621-9527 Date Daytime Phone #	

CONTROLLER/ASSISTANT SECRETARY