

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101929

Entity Name: CEELOX, INC.

FILED
Jul 10, 2009
Secretary of State

Current Principal Place of Business:

13976 LYNMAR BLVD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

13976 LYNMAR BLVD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-0301534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKEN, KASS VP
13976 LYNMAR BLVD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

D'AMICO, MICHELL L D
13976 LYNMAR BLVD
TAMPA, FL 33626 US

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: MICHELL L. D'AMICO

07/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: GRANNELL, MARK
Address: 16850 FOUR CORNERS ROAD
City-St-Zip: GARDNER, KS 66030 US

Title: O () Delete
Name: MOORE, WILLIAM P
Address: 10801 MASTIN, SUITE 920
City-St-Zip: OVERLAND PARK, KS 66210 US

Title: O () Delete
Name: TEARNEY, PHILIP E
Address: 10801 MASTIN, SUITE 920
City-St-Zip: OVERLAND PARK, KS 66210 US

Title: O () Delete
Name: SNOWDEN, PHILLIP H
Address: 10801 MASTIN, SUITE 920
City-St-Zip: OVERLAND PARK, KS 66210 US

Title: CEO () Delete
Name: EUSTON, GERRY
Address: 3906 W. 143RD STREET
City-St-Zip: LEAWOOD, KS 66224 US

Title: VP (X) Delete
Name: AIKEN, KASS
Address: 13976 LYNMAR BLVD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHELL L. D'AMICO

D

07/10/2009

Electronic Signature of Signing Officer or Director

Date