# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P94000010073

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

**Current Principal Place of Business:**

4185 SOUTH US 1,
STE 102
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 AVE BEDARD
ST. LAZARE, QUEBEC, CANADA, QC J7T 2 G4

**New Mailing Address:**

**FEI Number: 59-3222462** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DUSS, JOHN S IV
4348 SOUTHPOINT BLVD STE 101
JACKSONVILLE, FL 32216 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: P
Name: GAYLARD, GREGG
Address: 1800 AVE. BEDARD
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: VP
Name: PHENIX, CHRISTIAN
Address: 1800 AVE. BEDARD
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: D
Name: TOUSIGNANT, MAURICE
Address: 1800 AVE. BEDARD
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: D
Name: BANFILL, ELIZABETH
Address: 1800 AVE. BEDARD
City-St-Zip: ST LAZARE QUEBEC, QC J7T 2G4

Title: D
Name: DEREK, SCHAAF
Address: 1800 AVE. BEDARD
City-St-Zip: ST LAZARE QUEBEC, QC J7T 2G4

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: NICOLE STOJC CMA 04/30/2012

Electronic Signature of Signing Officer or Director Date