

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000003593

**Entity Name:** EPIQ SYSTEMS, INC.**Current Principal Place of Business:**501 KANSAS AVE.  
KANSAS CITY, KS 66105**Current Mailing Address:**501 KANSAS AVE.  
KANSAS CITY, KS 66105**FEI Number:** 48-1056429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOURN ST., STE 4  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** ASSISTANT SECRETARY, ASST.  
TREASURER**Name** BURRIGHT, PHILIP**Address** 501 KANSAS AVE.**City-State-Zip:** KANSAS CITY KS 66105**Title** DIRECTOR, CEO**Name** DAVENPORT, JOHN W JR.**Address** 2 RAVINIA DRIVE  
SUITE 850**City-State-Zip:** ATLANTA GA 30346**Title** DIRECTOR, CO-COO, CO-PRESIDENT**Name** CONLEY, KEITH EDWARD**Address** 2 RAVINIA DRIVE  
SUITE 850**City-State-Zip:** ATLANTA GA 30346**Title** DIRECTOR, CFO, SECRETARY**Name** JAMES, EDWARD R III**Address** 2 RAVINIA DRIVE  
SUITE 850**City-State-Zip:** ATLANTA GA 30346**Title** ASST. SECRETARY**Name** HELT, TERRI**Address** 501 KANSAS AVE.**City-State-Zip:** KANSAS CITY KS 66105**Title** CO-COO, CO-PRESIDENT**Name** SCOTT, BRAD D**Address** 501 KANSAS AVE.**City-State-Zip:** KANSAS CITY KS 66105**Title** SENIOR CORPORATE PARALEGAL &  
ASSISTANT SECRETARY**Name** WHITE, SHILOH**Address** 501 KANSAS AVE.**City-State-Zip:** KANSAS CITY KS 66105**Title** CHIEF INTEGRATION OFFICER**Name** SESKIS, ADAM**Address** 501 KANSAS AVE.**City-State-Zip:** KANSAS CITY KS 66105

*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:** SHILOH WHITE**ASSISTANT SECRETARY** 04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date