

2021 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 CEO
Name DOBSON, DAVID
Address 777 THIRD AVENUE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR, CFO, PRESIDENT
Name CHHIBBAR, VISHAL
Address 777 THIRD AVENUE
12TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name HELT, TERRI
Address 501 KANSAS AVE.
City-State-Zip: KANSAS CITY KS 66105

Title CHIEF LEGAL OFFICER, SECRETARY
Name WISNIEWSKI, ALISON
Address 777 THIRD AVENUE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title SENIOR CORPORATE PARALEGAL &
ASSISTANT SECRETARY
Name WHITE, SHILOH
Address 501 KANSAS AVE.
City-State-Zip: KANSAS CITY KS 66105

Title CHIEF OF STAFF
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 04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date