2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC1831830354

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	D
Name	PELOFSKY, JOEL
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	DP
Name	OLOFSON, CHRISTOPHER E
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	D
Name	CONNOLLY, EDWARD
Address	501 KANSAS AVENUE
City-State-Zip:	KANSAS CITY KS 66105

Title	EXECUTIVE VICE PRESIDENT, CO-CHIEF OPERATING OFFICER, & CHIEF OF STAFF
Name	SCOTT, BRAD
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	ASSISTANT SECRETARY
Name	BURRIGHT, PHILIP
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	D
Name	SATTERLEE, W. BRYAN
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	DIRECTOR, CEO, CHAIRMAN
Name	OLOFSON, TOM W
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	SECRETARY, VP, CORPORATE COUNSEL
Name	ROTHMAN, JAYNE
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

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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: PHILIP BURRIGHT ASSISTANT SECRETARY 04/17/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PELOFSKY, JOEL
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	DIRECTOR
Name	BYRNES, JAMES A
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105

Title	DIRECTOR
Name	CONNELY, CHARLES C
Address	501 KANSAS AVE.
City-State-Zip:	KANSAS CITY KS 66105