


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 841186</b> 1. Entity Name <b>MASTHEAD INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>16400 COLLGE BLVD LENEXA, KS 66219</b>	Mailing Address <b>16400 COLLGE BLVD LENEXA, KS 66219</b>
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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>85-0214734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIKLOS, JON D 16400 COLLGE BLVD LENEXA, KS 66219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLIAMS, CHARLES F 16400 COLLEGE BLVD. LENEXA, KS 66219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LAPHAM, DOUGLAS D 16400 COLLGE BLVD. LENEXA, KS 66219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, CRAIG D 16400 COLLEGE BLVD. LENEXA, KS 66219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS VAN PELT, NANCY 208 EAST WOODLAWN RD., STE 200 CHARLOTTE, NC 28217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/17/08-80051-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doug Lapham Asst Sec* 4/2/08 913-310-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #