

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841186

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: MASTHEAD INTERNATIONAL, INC.

**Current Principal Place of Business:**

16400 COLLGE BLVD  
LENEXA, KS 66219

**New Principal Place of Business:**

**Current Mailing Address:**

16400 COLLGE BLVD  
LENEXA, KS 66219

**New Mailing Address:**

FEI Number: 85-0214734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MIKLOS, JON D  
Address: 16400 COLLGE BLVD  
City-St-Zip: LENEXA, KS 66219

Title: S ( ) Delete  
Name: WILLIAMS, CHARLES F  
Address: 16400 COLLEGE BLVD.  
City-St-Zip: LENEXA, KS 66219

Title: AS ( ) Delete  
Name: LAPHAM, DOUGLAS D  
Address: 16400 COLLEGE BLVD.  
City-St-Zip: LENEXA, KS 66219

Title: D ( ) Delete  
Name: DAVIS, CRAIG D  
Address: 16400 COLLEGE BLVD.  
City-St-Zip: LENEXA, KS 66219

Title: AS ( ) Delete  
Name: VAN PELT, NANCY  
Address: 208 EAST WOODLAWN RD.,STE 200  
City-St-Zip: CHARLOTTE, NC 28217

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: VAN PELT, NANCY  
Address: 235 MARKET ST  
City-St-Zip: CRAMERTON, NC 28032

Title: AS ( ) Change (X) Addition  
Name: MCNAIR, SUZANNE  
Address: 16400 COLLEGE BLVD  
City-St-Zip: LENEXA, KS 66219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE MCNAIR

AS

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date