

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841186

FILED  
Apr 25, 2012  
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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MASSEY, WILLIAM P  
Address: 16400 COLLGE BLVD  
City-St-Zip: LENEXA, KS 66219

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

Title: AS  
Name: MCNAIR, SUZANNE M  
Address: 16400 COLLGE BLVD.  
City-St-Zip: LENEXA, KS 66219

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

Title: CFO  
Name: HEFFERON, DANIEL J  
Address: 16400 COLLEGE BLVD.  
City-St-Zip: LENEXA, KS 66219

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: SUZANNE M MCNAIR

AS

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date