

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90118 042 ***150.00

0629940 AB

DOCUMENT # F00000001831

1. Entity Name
LOGGEWORKS CORPORATION

Principal Place of Business **Mailing Address**
8100 E. 22ND STREET NORTH, BLDG. 500 **8100 E. 22ND STREET NORTH, BLDG. 500**
WICHITA KS 67226 **WICHITA KS 67226**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **48-1227313** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM **Name**
1200 SOUTH PINE ISLAND ROAD **Street Address (P.O. Box Number is Not Acceptable)**
PLANTATION FL 33324 **City** **FL** **Zip Code**

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, B. ANTHONY	NAME	
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500	STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67226	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROY R	NAME	
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500	STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67226	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHFUS, ROLF E DR.	NAME	
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500	STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67226	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN, DON R	NAME	
STREET ADDRESS	8100 E 22ND STREET N BLDG	STREET ADDRESS	8100 E. 22nd Street North, Bldg. 500
CITY-ST-ZIP	WICHITA KS 67226	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S
STREET ADDRESS		STREET ADDRESS	MORSE, JOHN R.
CITY-ST-ZIP		CITY-ST-ZIP	8100 E. 22ND STREET NORTH, BLDG. 500
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	WICHITA, KS 67226
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy R. Baker **REQUIRED** **Roy R. Baker** **1/9/02** **(316) 681-5107**

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

CR2E034 (9/01)