2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001831

1. Entity Name
LODGEWORKS CORPORATION

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

Mailing Address
8100 E. 22ND STREET NORTH, BLDG. 500
WICHITA, KS 67226

01232004 No Chg-P CR2E034 (10/03)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000031556
02/04/04-80153-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISAAC, B. ANTHONY
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	VTD
NAME	BAKER, ROY R
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	D
NAME	RUHFUS, ROLF E DR.
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	V
NAME	MARVIN, DON R
STREET ADDRESS	8100 E 22ND STREET N BLDG
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	S
NAME	MORSE, JOHN R
STREET ADDRESS	8100 E. 22ND STREET NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy R. Baker ROY R. BAKER 1/26/04 (316)681-5107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #