2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# F02000000235

Entity Name: QUALSERV CORPORATION

Current Principal Place of Business:

1222 OZARK STREET
NORTH KANSAS CITY, MO 641164314

New Principal Place of Business:

Current Mailing Address:

1222 OZARK STREET
NORTH KANSAS CITY, MO 641164314

New Mailing Address:

FEI Number: 57-0511623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VD ( ) Delete
Name: ELENOWITZ, DAVID
Address: 153 EAST 53RD STREET, 49TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: PD ( ) Delete
Name: ROWE, CHARLES J JR.
Address: 1222 OZARK STREET
City-St-Zip: NORTH KANSAS CITY, MO 641164314

Title: VSD (X) Delete
Name: STOKES, CHRIS
Address: 1222 OZARK STREET
City-St-Zip: NORTH KANSAS CITY, MO 641164314

Title: V (X) Delete
Name: WAHLERT, DAIVD J
Address: 1222 OZARK STREET
City-St-Zip: NORTH KANSAS CITY, MO 641164314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GORDON, DAVID
Address: 1222 OZARK STREET
City-St-Zip: NORTH KANSAS CITY, MO 64116

Title: TR (X) Change ( ) Addition
Name: NELSON, DAVID
Address: 1222 OZARK STREET
City-St-Zip: NORTH KANSAS CITY, MO 641164314

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID GORDON PD 01/31/2005

Electronic Signature of Signing Officer or Director — Date