

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000695

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: SEABOARD SOLUTIONS, INC.

**Current Principal Place of Business:**

8001 NW 79TH AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

9000 WEST 67TH STREET  
ATTN: TAX DEPT.  
MERRIAM, KS 66202

**New Mailing Address:**

FEI Number: 20-0673554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: V/D  
Name: BRESKY, STEVEN J  
Address: 9000 WEST 67TH STREET  
City-St-Zip: MERRIAM, KS 66202

Title: VTD  
Name: STEER, ROBERT L  
Address: 9000 WEST 67TH ST  
City-St-Zip: MERRIAM, KS 66202

Title: P  
Name: GONZALES, EDWARD A  
Address: 8001 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: VS  
Name: BECKER, DAVID M  
Address: 9000 WEST 67TH ST  
City-St-Zip: MERRIAM, KS 66202

Title: V  
Name: ARTIDIELLO, HEIDI  
Address: 8001 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: V  
Name: BRECHEISEN, BRUCE A  
Address: 8001 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33166

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: ROBERT STEER

VTD

04/05/2011

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

\_\_\_\_\_ Date