

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90027 020 \*\*\*150.00

<b>DOCUMENT # F04000007055</b>			
1. Entity Name <b>REGIONAL PROPERTIES OF KANSAS, INC.</b>			
Principal Place of Business <b>11301 NALL LEAWOOD, KS 66211</b>		Mailing Address <b>11301 NALL LEAWOOD, KS 66211</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>NEFF, JERRY L 4502 CORTEZ BRADENTON, FL 34210</b>		7. Name and Address of New Registered Agent Name <b>CT Corporation (See change of agent form attached)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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 <b>See change of agent form attached)</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>TREMBLAY, RICHARD J</b> STREET ADDRESS <b>11301 NALL</b> CITY-ST-ZIP <b>LEAWOOD, KS 66211</b>	TITLE <b>Director and President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Phillip A. Conrady</b> STREET ADDRESS <b>1201 Northwest Briarcliff Parkway</b> CITY-ST-ZIP <b>Kansas City MO 64116</b>	TITLE <b>PSD</b> <input checked="" type="checkbox"/> Delete NAME <b>CONRADY, PHIL A</b> STREET ADDRESS <b>11301 NALL</b> CITY-ST-ZIP <b>LEAWOOD, KS 66211</b>	TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Kimberly A. Dunn</b> STREET ADDRESS <b>1201 NW Briarcliff Pkwy, Kansas City MO</b> CITY-ST-ZIP <b>64116</b>
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>POTH, GREG</b> STREET ADDRESS <b>11301 NALL</b> CITY-ST-ZIP <b>LEAWOOD, KS 66211</b>	TITLE <b>Director &amp; VP &amp; Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Gregory A. Poth</b> STREET ADDRESS <b>1201 Northwest Briarcliff Parkway</b> CITY-ST-ZIP <b>Kansas City MO 64116</b>	TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>TIBOR, JUDY</b> STREET ADDRESS <b>11301 NALL</b> CITY-ST-ZIP <b>LEAWOOD, KS 66211</b>	TITLE <b>VP &amp; Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Gina M. McBride</b> STREET ADDRESS <b>770 N. Water Street</b> CITY-ST-ZIP <b>Milwaukee WI 53202</b>
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME <b>BERNEKING, PAMELA</b> STREET ADDRESS <b>11301 NALL</b> CITY-ST-ZIP <b>LEAWOOD, KS 66211</b>	TITLE <b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Dyana L. Papenfus</b> STREET ADDRESS <b>770 N. Water Street</b> CITY-ST-ZIP <b>Milwaukee WI 53202</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Ryan R. Deneen</b> STREET ADDRESS <b>770 N. Water Street, Milwaukee WI</b> CITY-ST-ZIP <b>53202</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Dyana Papenfus</i></u> <b>Dyana L. Papenfus, Asst. Secy.</b>		Date <u>5/7/07</u> (414) 765-8230	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	