

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007055

FILED
Mar 20, 2009
Secretary of State

Entity Name: REGIONAL PROPERTIES OF KANSAS, INC.

Current Principal Place of Business:

11301 NALL
LEAWOOD, KS 66211

New Principal Place of Business:

Current Mailing Address:

11301 NALL
LEAWOOD, KS 66211

New Mailing Address:

FEI Number: 20-1448727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S. 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: DP () Delete
Name: CONRADY, PHILLIP A
Address: 1201 NORTHWEST BRIARCLIFF PARKWAY
City-St-Zip: KANSAS CITY, MO 64116

Title: VP () Delete
Name: DUNN, KIMBERLY A
Address: 1201 NW BRIARCLIFF PKWY
City-St-Zip: KANSAS CITY, MO 64116

Title: DVPT () Delete
Name: POTH, GREGORY A
Address: 1201 NORTHWEST BRIARCLIFF PKWY
City-St-Zip: KANSAS CITY, MO 64116

Title: VPS () Delete
Name: MCBRIDE, GINA M
Address: 770 N. WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: AS () Delete
Name: PAPPENFUS, DYANA L
Address: 770 N. WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: VP () Delete
Name: DENEEN, RYAN R
Address: 770 N. WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: DYANA L. PAPPENFUS

AS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date