

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003233

FILED
Feb 09, 2010
Secretary of State

Entity Name: TREANOR ARCHITECTS, P.A.

Current Principal Place of Business:

110 MCDONALD DRIVE, SUITE 192
LAWRENCE, KS 66044

New Principal Place of Business:

Current Mailing Address:

110 MCDONALD DRIVE, SUITE 192
LAWRENCE, KS 66044

New Mailing Address:

FEI Number: 48-1165626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, ANTHONY J JR.
3530 NW 43RD ST.
GAINESVILLE, FL 32606 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: COB
Name: TREANOR, MICHAEL TREAS
Address: 110 MCDONALD DR. STE. 192
City-St-Zip: LAWRENCE, KS 66044

Title: PRES
Name: ROWE, DANIEL
Address: 1715 SW TOPEKA BLVD
City-St-Zip: TOPEKA, KS 66612

Title: VP
Name: ZHIRI, NADIA
Address: 110 MCDONALD DR. STE. 192
City-St-Zip: LAWRENCE, KS 66044

Title: VP/S
Name: MALIN, STEVE
Address: 110 MCDONALD DRIVE STE.
City-St-Zip: LAWRENCE, KS 66044

Title: VP
Name: GLENN, DALE
Address: 1501 W 6TH STREETT
City-St-Zip: LAWRENCE, KS 66044

Title: VP
Name: LIVINGOOD, DAVID
Address: 1501 W 6TH STREET
City-St-Zip: LAWRENCE, KS 66044

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: MICHAEL TREANOR

COB

02/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date