2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004877

FILED Jan 16, 2007 Secretary of State

Entity Name: FEDERATED RURAL ELECTRIC MANAGEMENT CORP.

Current Principal Place of Business: New Principal Place of Business: 11875 WEST 85TH STREET LENEXA, KS 66214 **Current Mailing Address: New Mailing Address:** 11875 WEST 85TH STREET LENEXA, KS 66214 FEI Number: 48-1219966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GERDES, ROD Name: Name: P.O. BOX 230 Address: Address: City-St-Zip: HORTON, KS 66439 City-St-Zip: Title: **PCEO** Title: PCEO (X) Change () Addition () Delete FRAAS, FRANK Name: IRWIN, PHILIP D Name: Address: 12924 BRIAR DR. Address: 11875 W. 85TH STREET City-St-Zip: LEAWOOD, KS 66209 City-St-Zip: LENEXA, KS 66214 Title: () Delete Title: (X) Change () Addition IRWIN, PHILIP D KLUG, KELLY J Name: Name: 15305 W. 123RD STREET 11875 W. 85TH STREET Address: Address: City-St-Zip: OLATHE, KS City-St-Zip: OLATHE, KS Title: () Delete Title: (X) Change () Addition Name: OLANDER, SUSAN M Name: OLANDER, SUSAN M 115 SOUTHFORK Address: Address: 11875 W. 85TH STREET City-St-Zip: LANSING, KS City-St-Zip: LENEXA, KS 66214 Title: () Delete Title: () Change () Addition MCCRACKEN, DONALD L Name: Name: 1485 OLIVER ROAD Address: Address: City-St-Zip: CENTERBURG, OH 43011 City-St-Zip: Title: () Delete Title: () Change () Addition HOLMES, DIANA Name: Name: Address: 1594 S. DIVISION Address: BLYTHEVILLE, AR 72316 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. OLANDER S 01/16/2007