

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004877

FILED
Jan 15, 2009
Secretary of State

Entity Name: FEDERATED RURAL ELECTRIC MANAGEMENT CORP.

Current Principal Place of Business:

11875 WEST 85TH STREET
LENEXA, KS 66214

New Principal Place of Business:

Current Mailing Address:

11875 WEST 85TH STREET
LENEXA, KS 66214

New Mailing Address:

FEI Number: 48-1219966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REED, STEVE
Address: P.O. BOX 15147
City-St-Zip: LENEXA, KS 66285 51

Title: PCEO () Delete
Name: IRWIN, PHILIP D
Address: 11875 W. 85TH STREET
City-St-Zip: LENEXA, KS 66214

Title: V () Delete
Name: KLUG, KELLY J
Address: 11875 W. 85TH STREET
City-St-Zip: OLATHE, KS

Title: S () Delete
Name: OLANDER, SUSAN M
Address: 11875 W. 85TH STREET
City-St-Zip: LENEXA, KS 66214

Title: D () Delete
Name: MCCracken, DONALD L
Address: 1485 OLIVER ROAD
City-St-Zip: CENTERBURG, OH 43011

Title: D () Delete
Name: HOLMES, DIANA
Address: 1594 S. DIVISION
City-St-Zip: BLYTHEVILLE, AR 72316

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: D (X) Change () Addition
Name: GEISELMAN, DALE
Address: 11875 W. 85TH ST.
City-St-Zip: LENEXA, KS 66214

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 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

01/15/2009

Electronic Signature of Signing Officer or Director

Date