

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004877

FILED  
Jan 04, 2010  
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  
Name: REED, STEVE  
Address: P.O. BOX 15147  
City-St-Zip: LENEXA, KS 66285 51

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

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

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

Title: D  
Name: GEISELMAN, DALE  
Address: 11875 W. 85TH ST.  
City-St-Zip: LENEXA, KS 66214

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN M. OLANDER

S

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date