2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 AM
Secretary of State

DOCUMENT# K21558

Entity Name: CONCORDE CAREERS-FLORIDA, INC.

Current Principal Place of Business:

4000 N. STATE ROAD #7
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

5800 FOXRIDGE DRIVE, STE 500
MISSION, KS 66202

New Mailing Address:

FEI Number: 36-3607546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIGHT, THOMAS K
Address: 607 N BLUE PKWY
City-St-Zip: LEES SUMMIT, MO 64063

Title: ST ( ) Delete
Name: HENAK, LISA M.,
Address: 405 NW 53RD ST
City-St-Zip: KANSAS CITY, MO

Title: P ( ) Delete
Name: JENKS, DIANA H
Address: 4206 NW 75TH STREET
City-St-Zip: KANSAS CITY, MO 64151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: HENAK, LISA M
Address: 405 NW 53RD ST
City-St-Zip: KANSAS CITY, MO 64118

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA M HENAK ST 02/15/2002

Electronic Signature of Signing Officer or Director Date