

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90008 017 \*\*\*\*50.00

0072083

**DOCUMENT # M01000001727**

1. Entity Name  
**LOCK\LINE, LLC**



Principal Place of Business  
**7400 STATE LINE ROAD  
PRAIRIE VILLAGE KS 66208**

Mailing Address  
**7400 STATE LINE ROAD  
PRAIRIE VILLAGE KS 66208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **48-1248614**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGRM	LOCK LINE HOLDINGS LLC	7400 STATE LINE ROAD	PRAIRIE VILLAGE KS 66208	<input checked="" type="checkbox"/>	MGR	Thomas A. McDonnell	333 W 11th Street, 5th Floor	Kansas City, MO 64105	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Thomas A. McCullough	333 W 11th Street, 5th Floor	Kansas City, MO 64105	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Charles A. Laue	7400 State Line Road	Prairie Village, KS 66208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Thomas A. McDonnell* **Thomas A. McDonnell, Manager** 04/07/2003 (816) 435-8684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)