2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P30175

Entity Name: MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

534 S. KANSAS AVE.,
TOPEKA, KS 66603

New Principal Place of Business:

534 S. KANSAS AVE.,
SUITE 700
TOPEKA, KS 66603

Current Mailing Address:

534 S. KANSAS AVE.,
TOPEKA, KS 66603

New Mailing Address:

534 S. KANSAS AVE.,
SUITE 700
TOPEKA, KS 66603

FEI Number: 48-0882363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RACHLIN & COHEN, CPA'S
ATTN: RICHARD DRATH
1320 S DIXIE HWY,PENTHOUSE
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete
Name: OLSON, KEITH L.
Address: 534 S. KANSAS AVE, SUITE 700
City-St-Zip: TOPEKA, KS 66603

Title: V ( ) Delete
Name: FARRELL, THOMAS B
Address: 534 S. KANSAS AVE
City-St-Zip: TOPEKA, KS 66603

Title: VP ( ) Delete
Name: GROESBECK, ALAN, W
Address: 534 S. KANSAS AVE.
City-St-Zip: TOPEKA, KS 66603

Title: VP ( ) Delete
Name: BOND, DUANE E
Address: 534 S. KANSAS AVE
City-St-Zip: TOPEKA, KS 66603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change ( ) Addition
Name: OLSON, KEITH L
Address: 534 S. KANSAS AVE, SUITE 700
City-St-Zip: TOPEKA, KS 66603

Title: V (X) Change ( ) Addition
Name: FARRELL, THOMAS B
Address: 534 S. KANSAS AVE., SUITE 700
City-St-Zip: TOPEKA, KS 66603

Title: VP (X) Change ( ) Addition
Name: GROESBECK, ALAN W
Address: 534 S. KANSAS AVE., SUITE 700
City-St-Zip: TOPEKA, KS 66603

Title: VP (X) Change ( ) Addition
Name: BOND, DUANE E
Address: 534 S. KANSAS AVE., SUITE 700
City-St-Zip: TOPEKA, KS 66603

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

SIGNATURE: KEITH L OLSON VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date