2003 FOR PROFIT CORPORATION

FILED May 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 844215 DOCUMENT # 05-09-2003 90148 035 ***550 00 1. Entity Name JOHN ROHRER CONTRACTING COMPANY, INC. Principal Place of Business Mailing Address 2820 ROE LANE 2820 ROE LANE BLDG S BLDG S KANSAS CITY KS 66103 KANSAS CITY KS 66103-594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 48-0530087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ROHRER, JOHN NAME NAME 14215 W 82ND STREET ADDRESS STREET ADDRESS LENEXA KS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HENRY, WILLIAM-NAME 5518 NOLAND RD STREET ADDRESS STREET ADDRESS SHAWNEE KS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ROHRER, THOMAS NAME

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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NAME STREET ADDRESS 5620 WOODSON

LANIO, ANALEE 6809 NO QUINCY AVE.

KANSAS CITY MO

12745 CIRCLE DRIVE

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MISSION KS

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