

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003233

**Entity Name:** TREANOR INC.

**Current Principal Place of Business:**

1040 VERMONT STREET  
LAWRENCE, KS 66044

**Current Mailing Address:**

1040 VERMONT STREET  
LAWRENCE, KS 66044 US

**FEI Number:** 48-1165626

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST N  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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

**Officer/Director Detail :**

Title           PRESIDENT/TREASURER  
Name            ROWE, DANIEL  
Address         1040 VERMONT STREET  
City-State-Zip: TOPEKA KS 66612

Title            DIRECTOR, VP  
Name            ANGRISANO, NEAL  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            DIRECTOR, VP  
Name            MALIN, STEVE  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            ASSISTANT SECRETARY/DIRECTOR  
                  OF ENGINEERING  
Name            MURPHY, MATTHEW  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            DIRECTOR, VP  
Name            BOWERMASTER, TANSY  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            DIRECTOR, VP  
Name            JOY, COLEMAN  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            DIRECTOR, VP  
Name            EISENLAU, JOHN  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title            ASSISTANT SECRETARY  
Name            BUCHWITZ, ANDREW  
Address         1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

**Continues on page 2**

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

**SIGNATURE:** CHRIS DIERKS

**SECRETARY**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, VP  
Name           NOVAK, CHAD  
Address        1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title           DIRECTOR, VP  
Name           PITTS, THOMAS ANDREW  
Address        1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044

Title           SECRETARY  
Name           DIERKS, CHRIS  
Address        1040 VERMONT STREET  
City-State-Zip: LAWRENCE KS 66044