#### 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003233

Entity Name: TREANORHL, 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:

BROWN, ANTHONY JJR. 3530 NW 43RD ST. GAINESVILLE, FL 32606 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

FILED Mar 15, 2021

Secretary of State

1285457793CC

#### Officer/Director Detail:

Title	PRESIDENT/TREASURER	Title	VP, DIRECTOR
Name	ROWE, DANIEL	Name	ZHIRI, NADIA

Address 1040 VERMONT STREET Address 1040 VERMONT STREET

City-State-Zip: TOPEKA KS 66612 City-State-Zip: LAWRENCE KS 66044

Title DIRECTOR/VICE PRESIDENT Title ASSISTANT SECRETARY/DIRECTOR

Title

OF ENGINEERING

DIRECTOR/VICE PRESIDENT

Name MALIN, STEVE Name MURPHY, MATTHEW

Address 1040 VERMONT STREET

City-State-Zip: LAWRENCE KS 66044

Address 1040 VERMONT STREET

City-State-Zip: LAWRENCE KS 66044

City-State-Zip: LAWRENCE KS 66044

Title CHAIRMAN OF THE BOARD, VICE

PRESIDENT

Name KELLEY, KENNETH V Name KUEHN, SCOTT

Address 1040 VERMONT STREET Address 1040 VERMONT STREET

City-State-Zip: LAWRENCE KS 66044 City-State-Zip: LAWRENCE KS 66044

Title DIRECTORALICE DRESIDENT Title ASSISTANT SECRETARY

Title DIRECTOR/VICE PRESIDENT Title ASSISTANT SECRETARY
Name JOHNSON, PATRICK Name BUCHWITZ, ANDREW
Address 1040 VERMONT STREET Address 1040 VERMONT STREET

City-State-Zip: LAWRENCE KS 66044 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: FAYE JONES SECRETARY 03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR, VP

NameSTRAMBERG, JOSEPHAddress1040 VERMONT STREETCity-State-Zip:LAWRENCE KS 66044

Title SECRETARY
Name JONES, FAYE

Address 1040 VERMONT STREET
City-State-Zip: LAWRENCE KS 66044

Title DIRECTOR, VP

NamePITTS, THOMAS ANDREWAddress1040 VERMONT STREETCity-State-Zip:LAWRENCE KS 66044