

2022 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: Yes

Name and Address of Current Registered Agent:

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

FILED
Mar 11, 2022
Secretary of State
8111459979CC

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 ZHIRI, NADIA
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 KELLEY, KENNETH V
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

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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 H JONES

SECRETARY

03/11/2022

_____ 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 JONES, FAYE
Address 1040 VERMONT STREET
City-State-Zip: LAWRENCE KS 66044