

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000331

**Entity Name:** SHAFER, KLINE & WARREN, INC.

**Current Principal Place of Business:**

11250 CORPORATE AVENUE  
LENEXA, KS 66219

**Current Mailing Address:**

11250 CORPORATE AVENUE  
LENEXA, KS 66219 US

**FEI Number: 48-0767542**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           DIRECTOR, PRESIDENT  
Name           PETERING, RONALD D.  
Address        11250 CORPORATE AVENUE  
City-State-Zip: LENEXA KS 66219

Title           DIRECTOR, SECRETARY,  
                  TREASURER, VP  
Name           GRAHAM, LARRY D.  
Address        11250 CORPORATE AVENUE  
City-State-Zip: LENEXA KS 66219

Title           DIRECTOR  
Name           STANFIELD, DAVID C.  
Address        1700 SWIFT AVENUE  
                  SUITE 100  
City-State-Zip: NORTH KANSAS CITY MO 64116

Title           DIRECTOR, VP  
Name           SMITH, THOMAS M.  
Address        11250 CORPORATE AVENUE  
City-State-Zip: LENEXA KS 66219

Title           DIRECTOR  
Name           JOHANNES, TIMOTHY L.  
Address        11250 CORPORATE AVENUE  
City-State-Zip: LENEXA KS 66219

*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: LARRY D. GRAHAM**

**SECRETARY**

**01/30/2018**

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

\_\_\_\_\_  
Date