PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE បាំm Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

439371

1. Corporation Name

LOPATKA, MURDOCK, JAMMAL & ASSOCIATES, A TRANSYS TEMS CORPORATION

Principal Place of Business

Mailing Address

2400 PERSHING ROAD

SUITE 400

2400 PERSHING ROAD

SUITE 400

KANSAS CITY MO 64108		KANSAS CITY MO 64108			200008828192 11/06/0201056007 **158.75				
If above a	addresses are	incorrect in any way, line the	rrough incorrect i	information and	enter correction below.				
2. New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/05/1973			
Suite, Apt. #, etc. Suite, Apt. #				, etc.		T			.,
City & State City & State					5. FEI Number Applied For				
			City & State	9			1 59-1488944		Not Applicable
Zip	p Country Zip			Country 6.			FICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Ac	dresses of Each Officer and	t/or Director (Flo	orida nonprofit co	ornorations must list at le	eget 3 directore)			
Title(s)	Name of Officers			Street Address of Each			City / State / Zip		
				3			4		
PT	LARSON, BRIAN G			2400 PERSHING RD., STE. 400			KANSAS CITY MO 64108		
S	MAPLES, MICHAEL L			2400 PERSHING RD., STE. 400			KANSAS CITY MO 64108		
٧	MURDOCK, ROBERT			1347 PALMETTO AVE., STE. 200			WINTER PARK FL 32789		
٧	JAMMAL, EMILE			1347 PALMETTO AVE., STE. 200			WINTER PARK FL 32789		
D	MARTIN, JIM			2400 PERSHING RD., STE. 400			KANSAS CITY MO 64108		
					W	11/13			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Addre		s (P.O. Box Number is Not Acceptable)			
					City			State	Zip Code
10. I, being	appointed the	e registered agent of the abo		oration, am famil	iar with and accept the c	obligations of Secti	on 607.0505, F.S. or (617.0505	, F.S.

Signature of Registered Agen

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

FILED

02 NOV -6 PM 3: 06

BELLIARY OF STATE

TALLAHASSEE, FLORIDA

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

816-329-8700



October 28, 2002

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

RE: Lopatka, Murdock, Jammal & Associates, a TranSystems

Corporation
Document #439371
FEIN: 59-1488944

Division of Corporation:

We did not receive our 2002 annual report. We have now been notified of the delinquency. Enclosed, please find our completed annual report along with a check for \$158.75.

If any other fees are due, please let me know. I apologize for not contacting you sooner when we did not receive the report.

You can contact me at the number and address below.

Sincerely,

Jennifer L. Kahmann

TranSystems Corporation

family L. Kahmann

Enclosure