

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 841186**

1. Entity Name  
**MASTHEAD INTERNATIONAL, INC.**



Principal Place of Business

**16400 COLLGE BLVD  
LENEXA, KS 66219**

Mailing Address

**16400 COLLGE BLVD  
LENEXA, KS 66219**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**85-0214734**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIKLOS, JON D
STREET ADDRESS	16400 COLLGE BLVD
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	S
NAME	WILLIAMS, CHARLES F
STREET ADDRESS	16400 COLLEGE BLVD.
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	AS
NAME	LAPHAM, DOUGLAS D
STREET ADDRESS	16400 COLLGE BLVD.
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	D
NAME	DAVIS, CRAIG D
STREET ADDRESS	16400 COLLEGE BLVD.
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	AS
NAME	VAN PELT, NANCY
STREET ADDRESS	208 EAST WOODLAWN RD.,STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000884637  
04/17/08-80051-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Don Lapham* Asst Sec.

4/2/08

913-310-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #