

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 845533	
1. Entity Name LAW/KINGDON, INC.	



Principal Place of Business 345 RIVERVIEW P.O. BOX 1094 WICHITA, KS 67201	Mailing Address 345 RIVERVIEW P.O. BOX 1094 WICHITA, KS 67201
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0757137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when redesigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089507 03/15/04-80095-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, DENNIS D 345 RIVERVIEW WICHITA, KS
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD JABARA, HASSAN H. 345 RIVERVIEW WICHITA, KS
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD KERSCHEN, RICHARD M. 345 RIVERVIEW WICHITA, KS
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BROWN, ROGER 345 RIVERVIEW WICHITA, KS
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HARMS, CONNIE J 345 RIVERVIEW WICHITA, KS
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Connie Harms</u> (Connie Harms)	<u>3/10/04</u> <u>316-268-0230</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>