

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 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



01172005 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 ☐

\$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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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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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)(l), 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:

Connie J. Harms (Connie J. Harms)

1/17/05

316-268-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #