

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845533

Entity Name: LAW/KINGDON, INC.

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

345 RIVERVIEW
P.O. BOX 1094
WICHITA, KS 67201

New Principal Place of Business:

345 RIVERVIEW
WICHITA, KS 67201

Current Mailing Address:

345 RIVERVIEW
P.O. BOX 1094
WICHITA, KS 67201

New Mailing Address:

345 RIVERVIEW
WICHITA, KS 67201

FEI Number: 48-0757137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, DENNIS D
Address: 345 RIVERVIEW
City-St-Zip: WICHITA, KS

Title: VTD (X) Delete
Name: JABARA, HASSAN H.,
Address: 345 RIVERVIEW
City-St-Zip: WICHITA, KS

Title: CD () Delete
Name: KERSCHEN, RICHARD M.,
Address: 345 RIVERVIEW
City-St-Zip: WICHITA, KS

Title: V () Delete
Name: BROWN, ROGER
Address: 345 RIVERVIEW
City-St-Zip: WICHITA, KS

Title: S () Delete
Name: HARMS, CONNIE J
Address: 345 RIVERVIEW
City-St-Zip: WICHITA, KS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE J. HARMS

S

07/02/2007

Electronic Signature of Signing Officer or Director

Date