

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845533

Entity Name: LAW/KINGDON, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

345 RIVERVIEW  
WICHITA, KS 67201

## New Principal Place of Business:

345 RIVERVIEW  
SUITE 200  
WICHITA, KS 67201

## Current Mailing Address:

345 RIVERVIEW  
WICHITA, KS 67201

## New Mailing Address:

345 RIVERVIEW  
SUITE 200  
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: 1602 MESA COURT  
City-St-Zip: WICHITA, KS

Title: CD ( ) Delete  
Name: KERSCHEN, RICHARD M.  
Address: 144 RUTLAND  
City-St-Zip: WICHITA, KS

Title: V ( ) Delete  
Name: BROWN, ROGER  
Address: 2322 SANDPLUM CT  
City-St-Zip: WICHITA, KS

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

Title: S ( ) Delete  
Name: AHSMUHS, NANCY  
Address: 10322 ALAMO CT  
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: NANCY AHSMUHS

S

03/27/2009

Electronic Signature of Signing Officer or Director

Date