

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 023 ***150.00

DOCUMENT # 851048

1. Entity Name

MIDLAND RESEARCH LABORATORIES, INC.

Principal Place of Business

Mailing Address

**0850 MID-AMERICA AVENUE
 LENEXA KS 66219**

**10850 MID-AMERICA AVENUE
 LENEXA KS 66219-1245**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

48-0926254

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	OPELKA, JOHN J	
STREET ADDRESS	10850 MID AMERICA AVENUE	
CITY-ST-ZIP	LENEXA KS 66219	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARELLANO, PEDRO R	
STREET ADDRESS	6771 SW 48TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, G. ROBERT	
STREET ADDRESS	1400 COMMERCE BANK BLDG.	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, MARK E	
STREET ADDRESS	4267 GRUBSTAKE CIRCLE	
CITY-ST-ZIP	RENO NV 89509	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DEREK	
STREET ADDRESS	41 SASCO CREEK ROAD	
CITY-ST-ZIP	WEST PORT CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4520 Main Street	
CITY-ST-ZIP	64111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kings, George C	
STREET ADDRESS	115 Red Sky Court	
CITY-ST-ZIP	Lake Mary, FL 32746	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

913-888-0560

Daytime Phone #

CR2E034 (9/99)