
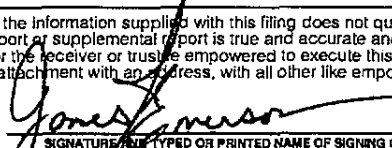


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 852465</b>		
1. Entity Name CNS SERVICE GROUP, INC.		
Principal Place of Business 500 E. 9TH STREET KANSAS CITY, MO 64106		Mailing Address 500 E. 9TH STREET KANSAS CITY, MO 64106
<b>DO NOT WRITE IN THIS SPACE</b>		
04242004 No Chg-P CR2E034 (10/03)		
4. FEI Number 43-1249117		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		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE JR, CHARLES N. 321 MERCY ST BETHEL, MO 63434	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WEBER, S. ALAN 26810 WEST 108TH ST OLATHE, KS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERSON, JAMES T 14701 W 49TH CT SHAWNEE, KS 66216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, LAURIE J 321 MERCY ST BETHEL, MO 63434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		JAMES T. EMERSON, CORPORATE SECRETARY
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-04 816-842-6300
		Date Daytime Phone #