


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 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	



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000919785  
05/14/08-80018-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE JR, CHARLES N. 321 MERCY ST BETHEL, MO 63434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT EMERSON, JAMES T 14701 W 49TH CT SHAWNEE, KS 66216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELTON, DAVID R 314 DUBLIN CIR SMITHVILLE, MO 64089
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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

**JAMES T. EMERSON,**  
VICE PRESIDENT

4-14-08

816-842-6300

Date

Daytime Phone #