

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852465

FILED
Apr 29, 2009
Secretary of State

Entity Name: CNS SERVICE GROUP, INC.

Current Principal Place of Business:

500 E. 9TH STREET
KANSAS CITY, MO 64106

New Principal Place of Business:

500 E. 9TH STREET
KANSAS CITY, MO 64106 JA

Current Mailing Address:

500 E. 9TH STREET
KANSAS CITY, MO 64106

New Mailing Address:

500 E. 9TH STREET
KANSAS CITY, MO 64106 JA

FEI Number: 43-1249117

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: SHARPE JR, CHARLES N.
Address: 321 MERCY ST
City-St-Zip: BETHEL, MO 63434

Title: VDT () Delete
Name: EMERSON, JAMES T
Address: 14701 W 49TH CT
City-St-Zip: SHAWNEE, KS 66216

Title: S () Delete
Name: MELTON, DAVID R
Address: 314 DUBLIN CIR
City-St-Zip: SMITHVILLE, MO 64089

Title: D () Delete
Name: SHARPE, LAURIE J
Address: 321 MERCY ST
City-St-Zip: BETHEL, MO 63434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHARPE JR, CHARLES N
Address: 321 MERCY ST
City-St-Zip: BETHEL, MO 63434

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: JAMES T. EMERSON

VDT

04/29/2009

Electronic Signature of Signing Officer or Director

Date