

DOCUMENT # F00000005143

1. Entity Name

Pryor Training Services, Inc.

Principal Place of Business

Mailing Address

9757 Metcalf Ave.
Overland Park, KS 66212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1234024

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

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 registering)

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, 2001: 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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Tom Sanford
9757 Metcalf
Overland Park, KS 66212 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
Lauren Wright
9757 Metcalf
Overland Park, KS 66212 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary/Director
Phillip Love
9757 Metcalf
Overland Park, KS 66212 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO, Treasurer, Asst. Secy
James Anderson
9757 Metcalf
Overland Park, KS 66212 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Michael Hayes
9757 Metcalf
Overland Park, KS 66212 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200004424072--7
-06/18/01--01011--012
*****550.00 *****550.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200004424072--7
-06/18/01--01011--013
*****8.75 *****8.75TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
mw

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

James Anderson

5/31/01

913 967 6500

Date

City/State/Phone #

CR2E034 (11/00)