2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000006661

1. Entity Name
ECONOMIC TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2021 RICHARD JONES ROAD NASHVILLE, TN 37215	6900 COLLEGE BLVD., SUITE 1 OVERLAND PARK, KA 66122

DO NOT WRITE IN THIS SPACE

03032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
62-1832295	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000081207
03/08/04-80140-010 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	SOLON, WILLIAM T	
STREET ADDRESS	6900 COLLEGE BLVD., SUITE 1	
CITY-ST-ZIP	OVERLAND PARK, KS 66211	
TITLE	V	
NAME	WILLIAMS, JAMES F	
STREET ADDRESS	6900 COLLEGE BLVD STE 1	
CITY-ST-ZIP	OVERLAND PARK, KS 66211	
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		

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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: _William T. Solon_   3-3-04   913 663-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #