

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90162 003 ***150.00

0305071 AT

DOCUMENT # F01000000721

1. Entity Name
CARDINAL BRANDS, INC.

Principal Place of Business

200 SW JACKSON
TOPEKA KS 66601-0091

Mailing Address

200 SW JACKSON
TOPEKA KS 66601-0091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

643 Massachusetts

Suite, Apt. #, etc.

Suite 200

City & State

Lawrence KS

Zip
666044

Country
U.S.

3. Mailing Address

643 Massachusetts

Suite, Apt. #, etc.

Suite 200

City & State

Lawrence KS

Zip
666044

Country
U.S.

4. FEI Number

48-0971237

Applied For

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

7. Name and Address of New Registered Agent

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 reinstating)

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, 2002 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

TITLE PD ☐ Delete
NAME BAUMAN, L. JOSEPH
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

TITLE VSTD ☐ Delete
NAME OLSON, RODNEY E
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

TITLE V ☐ Delete
NAME JONES, PHILIP D
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

TITLE VAT ☐ Delete
NAME WISCHNACK, PAULA C
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

TITLE V ☐ Delete
NAME BOWES, WILLIAM
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

TITLE V ☐ Delete
NAME HATFIELD, QUENTIN
STREET ADDRESS PO BOX 91
CITY-ST-ZIP TOPEKA KS 66601

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 643 Massachusetts Suite 200
CITY-ST-ZIP Lawrence KS 666044

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 643 Massachusetts Suite 200
CITY-ST-ZIP Lawrence KS 666044

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 643 Massachusetts Suite 200
CITY-ST-ZIP Lawrence KS 666044

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 643 Massachusetts Suite 200
CITY-ST-ZIP Lawrence KS 666044

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 108 Summer Court
CITY-ST-ZIP Georgetown, KY 40324

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 1100 Stafford St.
CITY-ST-ZIP Washington, MO 63090

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 1 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

Date

Daytime Phone #

Paula Wischnack 1/9/02 785-344-1443

CR2E034 (9/01)