## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PROFI	T CORPOR	ATION T (UB	i R)	Jul 21,	FILED , 2003 8	:00 a	
1. Entity Nam		0000721 (L)				etary of 003 90138 027 *		e
Principal Place 643 MASSACI STE 200 LAWRENCE K		Mailing Address 643 MASSACHUSETTS STE 200 LAWRENCE KS 66044			į	110010		
	lace of Business	3. Mailing Address				<b>Jiği Be</b> şii <b>Bu</b> lli <b>Bb</b> ili <b>Bu</b> lli I	Bill	<b>.181   581</b>
Suite, Apt.		Suite, Apt. #, etc.  City & State	<del>_</del> _		4 551 N	ERE IF MAKING CH	ANGES Applied	d For
Zip	Country	Zip	Country		4. FEI Number 48-0971  5. Certificate of Status Desir	red 🗆 \$8.	Not App	plicable
	C. Nows and Address of Ownersh	]	<u> </u>			Fee	Required	
	6. Name and Address of Current	Registered Agent	Nam		7. Name and Address of N	ew Hegistered Ager	<u>ıt</u>	
	PORATION SYSTEM ITH PINE ISLAND ROAD		Stree	et Address (I	P.O. Box Number is Not Accep	itable)		
PLANTATI	ON FL 33324		City	<u></u>	<u> </u>	FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office	e or register	ed agent, or both, in the State		iar with, and a	accept
	ions of registered agent.	and backers are a second and are						
OIGHAI ONE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent si	gnature required	when reinstating)	DATE		
After Se	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750. Payable to Florida Department of		-		9. Election Campaig Trust Fund Contril		\$5.00 Ma Added to Fa	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DIF	RECTORS IN	11
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TITLENAME STREET ADDRESS CITY-ST-ZIP	V JONES, PHILIP D PO BOX 91 TOPEKA KS 66601	Delete ⇒ .·	NAME STREET ADDRE	50 N	ES, PHILIP D. 3 Masshehuset WRENCE1 KANS	15 , Suite !	etlange 🗆	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWES, WILLIAM PO BOX 91 TOPEKA KS 66601	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss i ca	WES, WILLIAM SUMNER COUR URGETOWN, KY,	n !T	enange 🗆	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HATFIELD, QUENTIN 643 MASSACHUETTES STE 200 LAWRENCE KS 66044	□ Dølete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss (10°	TFIELD, QUENT D STAFFORD ST SHINGTON, M	7:N REET 0. 63090		Addition
12 I hereby a	artify that the information executed with	this filing done not qualify for	the everetion	etated in Co.	ction 110 07/3\/i) Florida Statu	ton I further certificat	nat the inform	ation

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 supplied entral 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 trystee 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:** 

785-344-1400

Attachment

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS-REPORT (UBR)**

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Principal Plac 643 MASSACH STE 200 LAWRENCE K	HUSETTS	S	Mailing Address 643 MASSACHUSETTS STE 200 LAWRENCE KS 66044				***		
2. Principal P	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			4. FEI Number 48-0971237	<del></del> 1	Applied For Not Applicable
Zip		Country	Zip	Count	try		5. Certificate of Status Desired	\$8.75 A	Additional
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registers		
					Name	<u> </u>			
C T CORF	PORATION	SYSTEM			Street A	ddroes (P	O. Box Number is Not Acceptable)	-	
1200 SOL	JTH PINE K	SLAND ROAD		ļ	0.100(7.0	uaros (1	.o. dox runner is not Acceptable)		
PLANTATI	ION FL 333	24							
					City		F	Zip Co	ode
	named entit		the purpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Florida. I a	m familiar wit	h, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	d Agent signatu	v beriuper er	when reinstating) DATI		
	112=4\(\begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						9. Election Campaign Financing	¢ s	00 s.
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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:

SIGNATURE REQUIRED

Date

Daytime Phone #

Attachment #FULLDOOD FANDS



Cardinal Brands, Inc. 643 Massachusetts, Suite 200 Lawrence, Kansas 66044 785-344-1400

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, Fl-32302-1500-

July 18, 2003

Cardinal Brands, Inc. is enclosing the 2003 Uniform Business Report, and a check for \$150.00 in payment of the filing fee. We are requesting that the \$400.00 late fee be waived. We did not receive the prior notice, thus we were unable to make payment and file the report before May 1.

Thank you for your cooperation.

1/01

Paula C. Wischnack,

Vice President and Controller