

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004191

FILED
Apr 08, 2011
Secretary of State

Entity Name: EVENT 1, INC.

Current Principal Place of Business:

9700 COMMERCE PKWY
LENEXA, KS 66219 US

New Principal Place of Business:

Current Mailing Address:

9700 COMMERCE PKWY
LENEXA, KS 66219 US

New Mailing Address:

FEI Number: 48-1197012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: P
Name: GRAVEEL, LARRY D PD
Address: 9700 COMMERCE PKWY
City-St-Zip: LENEXA, KS US

Title: VT
Name: PETERSON, J. CRAIG VTD
Address: 9700 COMMERCE PKWY
City-St-Zip: LENEXA, KS US

Title: V
Name: CAMINITI, MICHAEL J V
Address: 1000 EAST HANES MILLS ROAD
City-St-Zip: WINSTON SALEM, NC 27105 US

Title: V
Name: BOYLES, DALE W V
Address: 1000 EAST HANES MILLS ROAD
City-St-Zip: WINSTON SALEM, NC 27105 US

Title: VSD
Name: MEEKER, CATHERINE A VSD
Address: 1000 EAST HANES MILLS ROAD
City-St-Zip: WINSTON SALEM, NC 27105 US

Title: VS
Name: JOHNSON, JOIA M VS
Address: 1000 EAST HANES MILLS ROAD
City-St-Zip: WINSTON SALEM, NC 27105 US

I hereby 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 all other like empowered.

SIGNATURE: J CRAIG PETERSON

VTD

04/08/2011

Electronic Signature of Signing Officer or Director

Date