2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004842

Entity Name: SWV SIX, INC.

FILED Apr 07, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
6500 SPRINT PKWY OVERLAND PARK, KS 66251			6500 SPRINT PKWY HL-5ASTX OVERLAND PARK, KS 66251			
Current N	lailing Addres	ss:	New Ma	New Mailing Address:		
HL5AST	INT PKWY X ID PARK, KS	66251	HL-5AS	RINT PKWY FX AND PARK, KS	S 66251	
FEI Number	: 84-1286920	FEI Number Applied For ()	FEI Number Not A	oplicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name a	nd Address o	f New Registered Agent:	
1201 HAYS TALLAHAS	ATION SERVIC S STREET SSEE, FL 323	012525 US	ourness of shangin	a ita ragiatara	d office or registered execut or both	
in the State	e named entity: e of Florida.	submits this statement for the p	ourpose or changing	g its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P (KELLY, TIMOT 6200 SPRINT F OVERLAND PA	PKWY	Title: Name: Address: City-St-Zip	P ALVES, PAG 6200 SPRIN : OVERLAND		
Title: Name: Address: City-St-Zip:	S/D () HILL, CHRISTII 2001 EDMUND RESTON, VA 2	HALLEY DR	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (LINDAHL, RICH 2001 EDMUND RESTON, VA 2	HALLEY DR	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KENNEDY, LEG 2001 EDMUND RESTON, VA 2	HALLEY DR	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BESHEARS, M 6500 SPRINT F OVERLAND PA	PARKWAY	Title: Name: Address: City-St-Zip	:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK V BESHEARS VP 04/07/2008