

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004333

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: ALLIED ADMINISTRATORS, INC.

## Current Principal Place of Business:

911 BROADWAY  
KANSAS CITY, MO 64105

## New Principal Place of Business:

4551 W. 107TH ST., SUITE 100  
OVERLAND PARK, KS 66207

## Current Mailing Address:

911 BROADWAY  
KANSAS CITY, MO 64105

## New Mailing Address:

4551 W. 107TH ST., SUITE 100  
OVERLAND PARK, KS 66207

FEI Number: 43-1625757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASHLEY, DAVID W  
Address: 21025 W 106TH STREET  
City-St-Zip: OLATHE, KS 66061

Title: CEOD ( ) Delete  
Name: ASHLEY, WILLIAM M  
Address: 19895 W 239TH STREET  
City-St-Zip: SPRING HILL, KS 66083

Title: VPST ( ) Delete  
Name: ASHLEY, GARY D  
Address: 13105 WALMER  
City-St-Zip: OVERLAND PARK, KS 66209

Title: EVPD ( ) Delete  
Name: FUSHIMI, RAYMOND Y  
Address: 12627 PAWNEE LANE  
City-St-Zip: LEAWOOD, KS 66209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID W. ASHLEY

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date