

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004738
 1. Entity Name
 ROCKHURST UNIVERSITY CONTINUING EDUCATION CENTER, INC.



Principal Place of Business
 6901 WEST 63RD STREET
 OVERLAND PARK, KS 66202

Mailing Address
 6901 WEST 63RD STREET
 OVERLAND PARK, KS 66202



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 43-1576558

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000018355
 01/28/04-80051-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINERK, EDWARD FR., SJ 6901 WEST 63RD STREET OVERLAND PARK, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, GARY 6901 WEST 63RD STREET OVERLAND PARK, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ROBERT 6901 WEST 63RD STREET OVERLAND PARK, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DYKE, MICHAEL 6901 WEST 63RD STREET OVERLAND PARK, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIGON, HANK 6901 WEST 63RD STREET OVERLAND PARK, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULSETH, DAVID 6901 W 63RD ST OVERLAND PARK, KS 66202

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, 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: DAVID GULSETH
 David Gulseth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2004 913-432-7755
 Date Daytime Phone #