

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 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



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 43-1576558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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)(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 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 1-18-2005 913-432-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #