## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000006428

Entity Name: DPRA INCORPORATED

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
200 RESEARCH DRIVE				200 RESEARCH DRIVE			
MANHATTAN, KS 66503				MANHATTAN, KS 66503 US			
Current Mailing Address:				New Mailing Address:			
200 RESEARCH DRIVE				200 RESEARCH DRIVE			
MANHATTAN, KS 66503				MANHATTAN, KS 66503 US			
FEI Number: 48-0786852 FEI Number Applied For ( ) FEI Number			mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
YONKEE, ERIC 3915 SADDLE RIDGE STREET VALRICO, FL 33594 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SVP () [ O'KEEFE, DENIS 12930 LONG RIE KNOXVILLE, TN	OGE ROAD		Title: Name: Address: City-St-Zip:	( ) C	Change ( ) Addition	n
Title: Name: Address: City-St-Zip:	VTS () E CARTER, MARY 4200 CAITLIN DE MANHATTAN, KS	RIVE		Title: Name: Address: City-St-Zip:	CFOD (X) C CARTER, MARY 4200 CAITLIN DR MANHATTAN, KS	RIVE	n
Title: Name: Address: City-St-Zip:	PD () E MICAK, JIM 39 CRANBERRY AURORA, ON L4			Title: Name: Address: City-St-Zip:	D (X) O MICAK, JIM 39 CRANBERRY AURORA, ON L4		n
Title: Name: Address: City-St-Zip:	D () E KIRK, JOSEPH L PO BOX 96476 LAS VEGAS, NV			Title: Name: Address: City-St-Zip:	()0	Change ( ) Addition	n
Title: Name: Address: City-St-Zip:	D () [ MARTIN, PAUL V 9304 COUNTRYV KNOXVILLE, TN	WAY DRIVE		Title: Name: Address: City-St-Zip:	D (X) C MARTIN, PAUL W 545 OAK RIDGE OAK RIDGE, TN	TNPK	n
Title: Name: Address: City-St-Zip:	CEOD ()[ JONES, BRIAN K 524 BANBURY R KNOXVILLE, TN	OAD		Title: Name: Address: City-St-Zip:	()0	Change()Addition	n
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: MARY J. CARTER CFOD 04/22/2008