

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006428

Entity Name: DPRA INCORPORATED

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

200 RESEARCH DRIVE  
MANHATTAN, KS 66503 US

## New Principal Place of Business:

## Current Mailing Address:

200 RESEARCH DRIVE  
MANHATTAN, KS 66503 US

## New Mailing Address:

FEI Number: 48-0786852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YONKEE, ERIC  
3915 SADDLE RIDGE STREET  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: J. L. MILES

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete  
Name: O'KEEFE, DENIS L  
Address: 12930 LONG RIDGE ROAD  
City-St-Zip: KNOXVILLE, TN 37922

Title: CFOD ( ) Delete  
Name: CARTER, MARY J  
Address: 4200 CAITLIN DRIVE  
City-St-Zip: MANHATTAN, KS 66502

Title: D ( ) Delete  
Name: MICAK, JIM  
Address: 39 CRANBERRY LANE  
City-St-Zip: AURORA, ON L4G 5Y4 CA

Title: D ( ) Delete  
Name: KIRK, JOSEPH L  
Address: PO BOX 96476  
City-St-Zip: LAS VEGAS, NV 891936476

Title: D ( ) Delete  
Name: MARTIN, PAUL W  
Address: 545 OAK RIDGE TNP  
City-St-Zip: OAK RIDGE, TN 37830

Title: CEOD ( ) Delete  
Name: JONES, BRIAN K  
Address: 524 BANBURY ROAD  
City-St-Zip: KNOXVILLE, TN 37922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVPD (X) Change ( ) Addition  
Name: O'KEEFE, DENIS L  
Address: 12930 LONG RIDGE ROAD  
City-St-Zip: KNOXVILLE, TN 37922

Title: CFO (X) Change ( ) Addition  
Name: CARTER, MARY J  
Address: 4200 CAITLIN DRIVE  
City-St-Zip: MANHATTAN, KS 66502

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

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

Title: D (X) Change ( ) Addition  
Name: HOMENUCK, H. PETER M  
Address: BOX 100  
City-St-Zip: SCHOMBERGH, ON L0G 1T0 CA

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: MARY J. CARTER

CFO

04/13/2009

Electronic Signature of Signing Officer or Director

Date