

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006440

FILED
Apr 28, 2004
Secretary of State

Entity Name: V.T., INC. OF MISSOURT

Current Principal Place of Business:

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201

New Principal Place of Business:

Current Mailing Address:

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201

New Mailing Address:

FEI Number: 48-0805712

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: PC () Delete
Name: TUYL, CECIL VAN
Address: 8500 SHAWNEE MISSION PARKWAY, STE 200
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: VD (X) Delete
Name: MORFORD, JOHN A
Address: 8500 SHAWNEE MISSION PARKWAY, STE 200
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: STD () Delete
Name: HOLCOMB, ROBERT J
Address: 8500 SHAWNEE MISSION PARKWAY, STE 200
City-St-Zip: SHAWNEE MISSION, KS 66201

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J. HOLCOMB

MR.

04/28/2004

Electronic Signature of Signing Officer or Director

Date