

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 005 ***150.00

DOCUMENT # F03000001363 1. Entity Name OVERLAND SOLUTIONS, INC.			
Principal Place of Business 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210		Mailing Address 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210	
2. Principal Place of Business - No P.O. Box # 10975 Grandview Dr. Suite, Apt. #, etc. Ste. 400 City & State Overland Park, KS Zip 66210		3. Mailing Address 10975 Grandview Dr. Suite, Apt. #, etc. Ste. 400 City & State Overland Park, KS Zip 66210	
Country USA		Country USA	
4. FEI Number 45-0497543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HANIEWICH, JEFFERY 11880 COLLEGE BOULEVARD SUITE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, DAVID L 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOURK, GILBERT III 11880 COLLEGE BLVD STE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, MICHAEL J 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINSKY, STEVE 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SINGH, ALOK 11880 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 10975 Grandview Dr. #400 Overland Park, KS 66210
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Gilbert Bourke III 4/22/08 (913) 383-5476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	