

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002110

Entity Name: MHM RESOURCES, INC.

FILED  
Jan 03, 2005  
Secretary of State

## Current Principal Place of Business:

11440 TOMAHAWK CREEK PARKWAY  
LEAWOOD, KS 66211

## New Principal Place of Business:

## Current Mailing Address:

11440 TOMAHAWK CREEK PARKWAY  
LEAWOOD, KS 66211

## New Mailing Address:

FEI Number: 34-1903577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VD ( ) Delete  
Name: GRISKO, JEROME P JR.  
Address: 6050 OAK TREE BLVD. SO., SUITE 500  
City-St-Zip: CLEVELAND, OH 44131 US

Title: PRES ( ) Delete  
Name: ROSS, MILES  
Address: 11440 TOMAHAWK CREEK PARKWAY  
City-St-Zip: LEAWOOD, KS 66211 US

Title: AS ( ) Delete  
Name: MELLARD, NANCY M  
Address: 11440 TOMAHAWK CREEK PARKWAY  
City-St-Zip: LEAWOOD, KS 66211 US

Title: TR ( ) Delete  
Name: AZZOLINA, DAVID S  
Address: 6050 OAK TREE BLVD., SO., SUITE 500  
City-St-Zip: CLEVELAND, OH 44131 US

Title: SEC ( ) Delete  
Name: GLEESPEN, MICHAEL W  
Address: 6050 OAK TREE BLVD. SO., SUITE 500  
City-St-Zip: CLEVELAND, OH 44131 US

Title: VP ( ) Delete  
Name: COMPTON, RUSSELL D  
Address: 6050 OAK TREE BLVD., SO., SUITE 500  
City-St-Zip: CLEVELAND, OH 44131 US

## 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:

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: NANCY M. MELLARD

AS

01/03/2005

Electronic Signature of Signing Officer or Director

Date