


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000004799		
1. Entity Name IMA OF KANSAS, INC.		
Principal Place of Business 8200 E 32ND ST NORTH WICHITA, KS 67226	Mailing Address P.O. BOX 2992 WICHITA, KS 67201-2992	



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1123642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

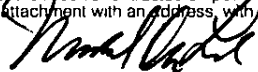
TITLE	PD
NAME	BOURKE, ANITA Z
STREET ADDRESS	8200 E 32ND ST NORTH
CITY - ST - ZIP	WICHITA, KS 67226
TITLE	V
NAME	SLOAN, JAMES E
STREET ADDRESS	8200 E 32ND ST NORTH
CITY - ST - ZIP	WICHITA, KS 67226
TITLE	S
NAME	SCHULTZ, SUEANN V
STREET ADDRESS	1251 SW ARROWHEAD RD., SUITE C
CITY - ST - ZIP	TOPEKA, KS 666044026
TITLE	TD
NAME	LYNCH, MICHAEL D
STREET ADDRESS	8200 E 32ND ST NORTH
CITY - ST - ZIP	WICHITA, KS 67226
TITLE	D
NAME	WATSON, KURT D
STREET ADDRESS	8200 E 32ND ST NORTH
CITY - ST - ZIP	WICHITA, KS 67226
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/03/08-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:



Michael D. Lynch

4/30/2008

316-266-6296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #