

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002880

Entity Name: VML, INC.

FILED
Sep 24, 2008
Secretary of State

Current Principal Place of Business:

250 RICHARDS RD., STE. 255
KANSAS CITY, MO 64116

New Principal Place of Business:

Current Mailing Address:

250 RICHARDS RD., STE. 255
KANSAS CITY, MO 64116

New Mailing Address:

911 MAIN STREET
SUITE 2000
KANSAS CITY, MO 64105

FEI Number: 43-1618412

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: COOK, JON
Address: 250 RICHARDS RD., STE. 255
City-St-Zip: KANSAS CITY, MO 64116

Title: TCFO () Delete
Name: BELLINGHAUSEN, JIM
Address: 250 RICHARDS RD., STE. 255
City-St-Zip: KANSAS CITY, MO 64116

Title: CEO () Delete
Name: ANTHONY, MATT
Address: 250 RICHARDS RD , STE. 255
City-St-Zip: KANSAS CITY, MO 64116

Title: D () Delete
Name: ZWEIG, JOHN
Address: 125 PARK AVE.
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: HOWE, MARY ELLEN
Address: 125 PARK AVE.
City-St-Zip: NEW YORK, NY 10017

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:

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: NORA JACKSON

AGT

09/24/2008

Electronic Signature of Signing Officer or Director

Date