## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000180

Entity Name: NCM ASSOCIATES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
10551 BARKLEY, STE. 200 OVERLAND PARK, KS 66212					
Current Mailing Address:			New Mailir	New Mailing Address:	
10551 BARKLEY, STE. 200 OVERLAND PARK, KS 66212					
FEI Number: 44-0648371 FEI Number Applied For ( )		FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D NOLAND, TONY 9832 SAGAMORE LEAWOOD, KS (		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () C LAMPTON, JEFF 808 W. BLUE RIC KANSAS CITY, M		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition O'DWYER, FREDRICK 11821 CENTRAL KANSAS CITY, MO 64114	
Title: Name: Address: City-St-Zip:	VD () E NORMAN, SCOTT 484 OAK COVE F TITUSVILLE, FL	RD	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition HOBBIE, JILL 312 S.E. CHELSEA PL. LEE'S SUMMIT, MO 64063	
Title: Name: Address: City-St-Zip:	VD () E LEE, ROB 3280 CRAYTON I NAPLES, FL 341		Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition BETHEL, JEFF 12605 NORWOOD LEAWOOD, KS 66209	
Title: Name: Address: City-St-Zip:	STD (X) D MCKEE, GARY 7202 LEGLER ST SHAWNEE, KS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) E O'HALLORAN, FR 8532 N. MARSH A KANSAS CITY, M	NE.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FREDRICK O'DWYER VP 04/30/2008