

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001391

Entity Name: EMBARQ SOLUTIONS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

5454 W 110TH ST
OVERLAND PK, KS 66211

New Principal Place of Business:

Current Mailing Address:

5454 W 110TH ST
KSOPKJ0802-8007
OVERLAND PK, KS 66211

New Mailing Address:

FEI Number: 20-4340469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: CHEEK, WILLIAM E
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PK, KS 66211

Title: VPTD () Delete
Name: MEREDITH, LES
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PK, KS 66211

Title: VPSD () Delete
Name: TOUSSAINT, CLAUDIA S
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PK, KS 66211

Title: AS () Delete
Name: APEL, THOMAS C
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PK, KS 66211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: EASON, MICHAEL J
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PK, KS 66211

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: THOMAS C APEL

AS

04/23/2009

Electronic Signature of Signing Officer or Director

Date