

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003482

FILED
Apr 09, 2009
Secretary of State

Entity Name: Q SERVICE COMPANY OF NEVADA

Current Principal Place of Business:

3701 COMMUNICATIONS WAY
EVANSVILLE, IN 47715

New Principal Place of Business:

Current Mailing Address:

8829 BOND STREET
OVERLAND PARK, KS 66214

New Mailing Address:

FEI Number: 47-0938529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PRK DR STE 4
WESTON, FL 33331 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: CHRM () Delete
Name: CINELLI, JOHN P
Address: 3701 COMMUNICATIONS WAY
City-St-Zip: EVANSVILLE, IN 47715

Title: P () Delete
Name: CINELLI, JOHN P
Address: 3701 COMMUNICATIONS WAY
City-St-Zip: EVANSVILLE, IN 47715

Title: D () Delete
Name: GREENBANK, JOHN C
Address: 3701 COMMUNICATIONS WAY
City-St-Zip: EVANSVILLE, IN 47715

Title: TD () Delete
Name: WEBER, LOHN H
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: S () Delete
Name: CANDELARIO, ANTHONY J
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: VPT () Delete
Name: CARR, ED
Address: 8829 BOND ST
City-St-Zip: OVERLAND PARK, KS 66214

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: VPT (X) Change () Addition
Name: CORR, ED
Address: 8829 BOND ST
City-St-Zip: OVERLAND PARK, KS 66214

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: ED CORR

Electronic Signature of Signing Officer or Director

VPT

04/09/2009

Date