

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90123 042 \*\*\*550.00

**DOCUMENT # F93000004534**

1. Entity Name  
**INMC, INC.**



Principal Place of Business  
**14500 WEST 105TH STREET  
LENEXA KS 66215**

Mailing Address  
**14500 WEST 105TH STREET  
LENEXA KS 66215**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **48-1137900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D MURRAY, CLARK O** ☒ Delete  
STREET ADDRESS **3701 W. 64TH STREET**  
CITY-ST-ZIP **SHAWNEE MISSION KS 66208**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DP CAMPBELL, BEAU S** ☐ Delete  
STREET ADDRESS **5021 W. 100TH TERRACE**  
CITY-ST-ZIP **OVERLAND PARK KS 66207**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VD MURRAY, BRIAN D** ☐ Delete  
STREET ADDRESS **2801 W. 91ST TERRACE**  
CITY-ST-ZIP **LEAWOOD KS 66206**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DV KERNS, RICHARD P** ☐ Delete  
STREET ADDRESS **8409 BRIDLE DALE**  
CITY-ST-ZIP **LENEXA KS 66285**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VSTD BURTON, JACK D** ☐ Delete  
STREET ADDRESS **12620 W. 82ND TERRACE**  
CITY-ST-ZIP **LENEXA KS 66215**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Beau S Campbell* **BEAU S CAMPBELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-03**  
Date

**913 492 9050 ext 111**  
**913 905 1064**  
Daytime Phone #

CR2E034 (4/03)