

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Loxham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR -5 PM 1:57**

**DOCUMENT # F93000005566 (5)**

1. Corporation Name

**LARSON - BINKLEY ASSOCIATES, INC.**

Principal Place of Business

**SUITE 150  
8900 STATE LINE ROAD  
LEAWOOD KS 66206**

Mailing Address

**SUITE 150  
8900 STATE LINE ROAD  
LEAWOOD KS 66206**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/08/1993**

3a. Date of Last Report

**04/11/1994**

4. FEI Number

**48-1047495**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PC  
LARSON, CHRISTOPHER R  
8900 STATE LINE ROAD, SUITE 150  
LEAWOOD KS 66206**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VCV  
BINKLEY, JERRY  
8900 STATE LINE ROAD, SUITE 150  
LEAWOOD KS 66206**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SDT  
KLEIN, STEVE A  
8900 STATE LINE ROAD, SUITE 150  
LEAWOOD KS 66206**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
CAHILL, JOSEPH M.  
8900 STATE LINE RD, STE 150  
LEAWOOD KS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
SWOPE, TERRY D.  
8900 STATE LINE RD, STE 150  
LEAWOOD KS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**STEPHEN A. KLEIN, TREASURER**

**2/21/95**

**918-388-2621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #