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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005566 (5)

LARSON - BINKLEY ASSOCIATES, INC.

SUITE 150 8900 STATE LINE ROAD LEAWOOD KS 66206 2. Principal Piace of Business 2. Principal Piace of Business 2. Principal Piace of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Country 3. Date Incorporated or Qualified 12/08/1993 04/01/1996 4. Fel Number Applied For Not Applie										
BBOD STATE LINE ROAD LEAWOOD KS 66206 LEAWOOD	Principa' Place of Business Mailing Address						I TUDALUM DIATU ARABA PRAFE DANFA KURAL DEDAK	EBHI EBHEL B	JURI RIGUR BUIK	
2. Principal Pace of Business	8900 STATE LINE ROAD	8900 STATE LINE ROAD	6							
2. Principal Pace of Business 2.8. Mailing Address 4. FEI Number 48-1047495 Not Applicable Suite, Apit #, etc. 5. Certificate of Status Desired 58.75 Additional Fee Required										
Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Scripticate of Status Desired \$6. Certificate of Certificate of Certificate of Status Desired \$6. Certificate of Certi	2. Principal Place of Bu	isiness	2a. Mailing Address				1 41/4		plied For	
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28 Trust Fund Contribution Added to Fees			L						···	
Zip Country Zip Country Zip Country B. This corporation has liability for Intanglible tax under s. 199.032. 28 30 Florida Statutes Zip Zip No 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 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 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 pursose of changing its 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, with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Supplement agent and title # appicable. (ROFE Registered Agent signature required wine remarking) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Change Addition A	City & State		<u> </u>				П			
25 29 30 Florida Statutes 28 Yes No 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 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 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 of office or registered agent, or both in the Statio of Florida Such change authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both in the Statio of Florida Such change authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 607 (Section 607 Section 607 Secti	Zip Country									
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	24	25	29	30	¬ ·		Florida Statutes	Yes [] No	. 100.002,
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		ne and Address of Current	Registered Agent				10. Name and Address of New Re	pistered A	gent	
PLANTATION FL 33324 83 64 City					81 1	Vame				
Street Addition Street Add			İ	82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		······································	
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 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, 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, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PC	PLANTATION	I FL 33324			83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE SQUARE Name of Provided Award of Registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE PC				Į						
office or registered agent, or both, in the State of Frorida. 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 SIGN					84 (City		FL	85 Zip	Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PC LARSON, CHRISTOPHER R SIREFI ADDRESS 6900 STATE LINE ROAD, SUITE 150 1.1 STREET ADDRESS CHY-ST-7P DELETE 21 TITLE VCV DELETE 21 TITLE STREET ADDRESS GITY-ST-7P LEAWOOD KS 66206 DELETE 21 TITLE SOT DELETE 31 TITLE SOT DELE	office or registered agent. Fam familia	visions of Sections 607,0502 agent, or both, in the State e with, and accept the obliga	and 607.1508, Florida Statu of Florida, Such change was ions of, Section 607.0505, F	utes, the ab authorized lorida Stati	ove-r I by thules.	named corpor ne corporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of it the appo	changing i intment as	s registered registered
TITLE NAME LARSON, CHRISTOPHER R SIRELI ADDRESS CITY-ST-ZP LEAWOOD KS 66208 CITY-ST-ZP TITLE SDT Change Addition DELETE STREEL ADDRESS CITY-ST-ZP TITLE SDT Change Addition Change Addition Change Addition Change Addition Change Addition STREEL ADDRESS CITY-ST-ZP TITLE SDT CHANGE SIRELI ADDRESS CITY-ST-ZP LEAWOOD KS 66208 STREEL ADDRESS CITY-ST-ZP LEAWOOD KS 66208	SIGNATURE Signature to	pure or proved name of registered agen	and title if applicable. (NC	FF Registered	Agent	signature required	when reinstating)	DATE		
NAME STREET ADDRESS CITY-ST-ZP LEAWOOD KS 66206		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
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NAME SWOPE, TERRY D. 5.2 NAME	)	e, terry d.		1		Ì			-	Ì
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NAME JOHN C. COULTER	NAME			1						
STREET ADDRESS 8400 STATE LINE RA., SOTTE 150						I =		50 M	150	
CHY-ST-ZIP LEAWOOD, KS 66206							7(000), K3 6(206) n Section 119.07(3)(i), Florida Statute	17 5		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRESTAURE

3 (10 /97

918-383-2621 Daylinie Phone #

**FILED** 

Apr 09 1997 8:00am

Secretary of State

:R2E034 (9/96)