## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 22 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005566 (5)

LARSON - BINKLEY ASSOCIATES, INC.

LEAWOOD KS 66206

CITY-ST-ZIP

| •  |   |                |                               |                          |   |                |   |  |   |                         |  |                             |  |  |
|--|---|----------------|-------------------------------|--------------------------|---|----------------|---|--|---|-------------------------|--|-----------------------------|--|--|
| Principal Place of Business Mailing Address  |   |                |                               |                          |   |                |   |  |   | 6131 <b>46</b> 311 6618 | )! <b>                                      </b> | 18 91(1 198)                |  |  |
| SUITE 150<br>8800 STATE LINE ROAD<br>LEAWOOD KS 68206  |   |                |                               | 8900 S                   | SUITE 150<br>8900 STATE LINE ROAD<br>LEAWOOD KS 66206 |                |   | DO NOT WRIT                                  | E IN THIS :   | SPACE                   |  |                             |  |  |
|  |   |                |                               |                          |   |                |   |  | 3. Date Incorporated or Qualified 12/08/1993  |                         |  |                             |  |  |
| 2.<br>21   | Principal Pla                                   |                |                               |                          | 2a. Mailing Address 26                                |                |   |  | 4. FEI Number<br>48-1047495   |                         | h  | pplied For<br>at Applicable |  |  |
| 22   |   |                |                               | Suite<br>27              | L _ L   |                |   |  | 5. Certificate of Status Desired  |                         | \$8.75 A<br>Fee Re                               |                             |  |  |
| 23   | City & State                                    | ity & State    |                               |                          | City & State  |                |   |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |                         |  |                             |  |  |
| 24   | Zip   | -              | Country<br>25                 | Zip                      |   | Count          | ry  |  | This corporation owes or has p     Personal Property Tax due Jun                    |                         |  | angible<br>No               |  |  |
| =31  | 9. Name and Address of Current Registered Agent |                |                               |                          |   |                |   | 10. Name and Address of New Registered Agent |   |                         |  |                             |  |  |
|  |   |                |                               |                          |   |                |   |  | 81 Name   |                         |  |                             |  |  |
|  | 1200 <b>SOUTH PINE ISLAND ROAD</b>              |                |                               |                          |   |                |   |  |   |                         |  |                             |  |  |
| PLANTATION FL 33324  |   |                |                               |                          |   | 8              | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |                         |  |                             |  |  |
|  |   | **********     |                               |                          |   | 8              | 3   |  |   |                         |  |                             |  |  |
| ļ  |   |                |                               |                          |   | ļ.,            |   |  |   |                         |  |                             |  |  |
|  |   |                |                               |                          |   | 18             | 4 City  |  |   | FL                      | 85 Zip (   | Code                        |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,  |   |                |                               |                          |   |                | <br>ive-named   | d corpo                                      | ration submits this statement for the   | purpose of              | f changing it                                    | s 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                |                               |                          |   |                |   |  |   |                         |  | registered                  |  |  |
|  |   |                |                               |                          |   |                |   |  |   |                         |  | 1                           |  |  |
| S  | GNATURE s                                       | Ignature lyped | or printed name of registered | agent and title if appli | cable (NO   | TE: Registered | gent signatur   | e required                                   | I when reinstating)   | DATE                    |  |                             |  |  |
| 12   |   |                | OFFICERS                      | AND DIRECTOR             |   | 13.            |   |  | ADDITIONS/CHANGES TO OFFI   | CERS AND                | DIRECTOR   |                             |  |  |
| TIT  | LE  | PD             | A                             |                          | ☐ DELETE  | 1.1 TITU       | 1   | VIO  |   |                         | Change   | Addition                    |  |  |
| NA   | LARSON, CHRISTOPHER R                           |                |                               |                          | 1.2 NAME  |                |   | The  | anas E. Gibbens   |                         |  |                             |  |  |
| STI  | STREET ADDRESS 8900 STATE LINE ROAD, SUITE 1    |                |                               | SUITE 150                | 50 1.3 STREET ADDRESS                                 |                |   | 89   | 8900 STATE LINE KO, SUITE 150   |                         |  |                             |  |  |
| ÇIT  | Y-ST-ZIP  | LEAWOO         | DD KS                         |                          |   | 1.4 CITY       | -ST-ZIP   | 16   | AW000, KS 6620  | 6                       |  |                             |  |  |
| TIT  | LE  | VD             | I ICONY                       |                          | ☐ DELETE  | 2.1 TITL       | i .   | Y  |   |                         | Change   | ☐ Addition                  |  |  |
| NA   | ME  | BINKLEY        |                               | N. 1175 450              |   | 2.2 NAM        | E   |  |   |                         |  |                             |  |  |
| STI  | STREET ADDRESS 8900 STATE LINE ROAD, SUITE      |                |                               | SUITE 150                | 2.3 STREET ADDRESS                                    |                |   |  |   |                         |  |                             |  |  |
|  | Y-ST-ZIP  | LEAWOO         | טע KS                         |                          |   |                | -ST-ZIP   | <u> </u>                                     |   |                         | <del></del>                                      |                             |  |  |
| TIT  | LE  | SDT            | TO E A                        |                          | ☐ DELETE  | 3.1 TITL       |   | <b>V</b>                                     | 1 1 00 1-1  |                         | Change   | Addition                    |  |  |
| NA.  | ME  | KLEIN, S       |                               | 111TP 460                |   | 3.2 NAM        |   | 10   | bert M. Drake.<br>Pod STATE LINE AD   | Selve                   | سر ح   |                             |  |  |
| STI  | REET ADDRESS                                    |                | ATE LINE ROAD, S              | OUITE 150                |   | 3.3 STR        | ET ADDRESS  |  |   |                         | F \30  |                             |  |  |
| _  | Y-ST-ZIP  | LEAWUL         | DD KS 66206                   |                          |   |                | -ST-ZIP   | 14   | AWOOD, KS 6620  | <u>6</u>                |  |                             |  |  |
| TIT  |   | OALINI I       | IOCEDU M                      |                          | ☐ DELETE  | 4.1 TITL       |   | V  |   |                         | Change   | Addition (                  |  |  |
| NA   | - 1   |                | JOSEPH M.                     | E 450                    |   | 4. 2 NAN       |   | 711  | nothy L. Scott<br>to STATE LINE A   |                         |  |                             |  |  |
| STF  | REET ADDRESS                                    |                | ATE LINE RD, STS              | E 190                    |   | 1              | ET ADDRESS  | 89   | OO STATE LINE A   | <b>10.</b> , 5          | UNE 15   | 0                           |  |  |
| -  | Y-ST-ZIP  | LEAWOO         | טא טע                         |                          | T be ere  |                | - ST- ZIP   | 1.20   | 1W000, KS 662   | <u> </u>                |  |                             |  |  |
| TIT  |   | SMUDE.         | TERRY D.                      |                          | DELETE  | 5.1 TITU       |   |  |   |                         | ☐ Change   | Addition                    |  |  |
| NA   | 1   |                | ATE LINE RD, STE              | 150                      |   | 5.2 NAM        |   |  |   |                         |  | ļ                           |  |  |
|  | REET ADDRESS                                    | LEAWOO         |                               | 130                      |   |                | ET AODRESS  |  |   |                         |  | [                           |  |  |
|  | Y-ST-ZIP  | TEANOU.        | ער עס                         |                          | DELETE  |                | - ST - ZIP  | <b></b>                                      |   |                         | Character  | A printing                  |  |  |
| TIT  |   | COLUMN TER     |                               |                          | DELETE  | 6.1 TITLI      |   |  |   |                         | ☐ Change   | ☐ Addition                  |  |  |
| NA   |   |                | R, JOHN C                     | TC 450                   |   | 6.2 NAM        |   | 1  |   |                         |  | }                           |  |  |
| STI  | REET ADDRESS                                    | OAMO 21        | ate line RD., Sui             | 1E 10U                   |   | 6.3 STR        | E1 ADORESS  | 1  |   |                         |  |                             |  |  |

14. 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 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.

6.4 CITY-ST-ZIP