

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90299 040 ***150.00

DOCUMENT # F94000000478

1. Entity Name
THE PROVO GROUP, INC.



| | |
|--|--|
| Principal Place of Business 101 WEST 11TH STREET SUITE 1110 KANSAS CITY, MO 64105 US | Mailing Address 101 WEST 11TH STREET SUITE 1110 KANSAS CITY, MO 64105 US |
|--|--|

94055514



| | |
|--|--|
| 2. Principal Place of Business 1100 Main | 3. Mailing Address 1100 Main |
| Suite, Apt. #, etc. Suite 1830 | Suite, Apt. #, etc. Suite 1830 |
| City & State Kansas City, MO | City & State Kansas City MO |
| Zip 64105 | Country |

04142004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 36-3359416 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

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

| | |
|--|--------------------|
| 7. Name and Address of New Registered Agent | |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PROVO, BRUCE A 8812 LINDEN DRIVE PRAIRIE VILLAGE, KS 66207 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH, MARTIN D 1705 SECOND AVENUE SUITE 409 ROCK ISLAND, IL 61201 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GOLDING, JAMES L 999 N. LAKESHORE DRIVE CHICAGO, IL 60611 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PROVO, CAROLINE E 8812 LINDEN DRIVE PRAIRIE VILLAGE, KS 66207 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILKERSON, WALLACE R 15717 CORDELL ROAD KEARNEY, MO 64060 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE A. PROVO

4/15/04

Date

(816) 421-7444

Daytime Phone #