2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000001266

Entity Name: IMS INFRASTRUCTURE MANAGEMENT SERVICES, INC.

FILED Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			ss:	New Principal Pla	New Principal Place of Business:	
SUITE 117	CREEK LANE N HEIGHTS, IL	60005	US			
Current Mailing Address:				New Mailing Address:		
16000 COLLEGE BLVD LENEXA, KS 66219 US				16000 COLLEGE BLVD ATTENTION: JULIA L. MCDONALD LENEXA, KS 66219 US		
FEI Number:	58-2132498	FEI Numbe	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Reg	gistered Agent:	Name and Address	s of New Registered Agent:	
1201 HAYS STE. 105			ION SYSTEM, INC.			
The above in the State		ıbmits this	statement for the po	urpose of changing its registe	ered office or registered agent, or both,	
OLONIATUD	- .					
SIGNATUR						
SIGNATUR		Signatur	e of Registered Age	nt	Date	
This corporat	Electronic	atisfy its In	tangible Tax filing requ	nt uirement and elects to do so (X).	Date	
This corporat	Electronic	satisfy its In Trust Fund	tangible Tax filing requ	irement and elects to do so (X).	Date IGES TO OFFICERS AND DIRECTORS:	
This corporat	Electronic tion is eligible to s paign Financing	satisfy its In Trust Fund ORS: Delete RY K EBLVD	tangible Tax filing requ	irement and elects to do so (X).		
This corporat Election Cam OFFICERS Title: Name: Address:	Electronic tion is eligible to spaign Financing AND DIRECTOR () E DAVIDSON, LARI 16000 COLLEGE LENEXA, KS 662	catisfy its In Trust Fund ORS: Delete RY K E BLVD 219 Delete R T EK LANE ST	ntangible Tax filing requipment of the contribution ().	irement and elects to do so (X). ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS:	
This corporat Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	satisfy its In Trust Fund ORS: Delete RY K EBLVD 219 Delete R T EK LANE ST GHTS, IL 60 Delete R R EBLVD	ntangible Tax filing requipment of the contribution ().	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER R. HERTING T 04/10/2002