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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001862

1. Corporation Name
**ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, IN
 CORPORATED**

Principal Place of Business
 SUITE #261
 7491 N. FEDERAL HWY., #C5
 BOCA RATON FL 33487

Mailing Address
 SUITE #261
 7491 N. FEDERAL HWY. #C5
 BOCA RATON FL 33487



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/12/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	33-0369768	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOARDMAN, ELLIOT B 5549 COASTAL DRIVE BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Elliot B. Boardman* *Elliot B. Boardman* DATE: 4/23/99

Signature, typed or printed name 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	
TITLE	PD	1.1 TITLE	PD
NAME	FERGUSON, BILL	1.2 NAME	BRANDON, JERRY
STREET ADDRESS	116 HALLOWEEN RUN	1.3 STREET ADDRESS	911 MAIN ST, SUITE 3000
CITY-ST-ZIP	NEWARK DE	1.4 CITY-ST-ZIP	KANSAS CITY MO
TITLE	VP	2.1 TITLE	MARION BROWN
NAME	BRANDON, JERRY	2.2 NAME	VP
STREET ADDRESS	911 MAIN ST, SUITE 3000	2.3 STREET ADDRESS	2131 WALNUT GROVE AVE., THIRD FLOOR
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	PO BOX 800 ROSEMERT, CA 91770
TITLE	T	3.1 TITLE	
NAME	BURBANK, DON	3.2 NAME	
STREET ADDRESS	24 PRIME PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOARDMAN, ELLIOT B	4.2 NAME	
STREET ADDRESS	5549 COASTAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elliot B. Boardman* SIGNATURE: *Elliot B. Boardman* DATE: 4/23/99 (561) 982-9903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)