2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# F95000002630

Entity Name: WESTERN PROFESSIONAL ASSOCIATES, INC.

Current Principal Place of Business:

5020 WEST 15TH STREET
SUITE C
LAWRENCE, KS 66049

New Principal Place of Business:

Current Mailing Address:

5020 WEST 15TH STREET
SUITE C
LAWRENCE, KS 66049

New Mailing Address:

FEI Number: 43-1655154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARDER, ROBERT DR.
Address: 1420 SW WARD PRKWY
City-St-Zip: TOPEKA, KS 66604

Title: PD ( ) Delete
Name: MOLINE, BRIAN
Address: 1500 SW ARROWHEAD RD
City-St-Zip: TOPEKA, KS 66604

Title: D ( ) Delete
Name: WORDEN, CHARLES E
Address: 213 S. KANSAS AVE.
City-St-Zip: NORTON, KS 67654

Title: STD ( ) Delete
Name: PARRISH, NANCY HON.
Address: 200 SE 7TH ST
City-St-Zip: TOPEKA, KS 66603

Title: D ( ) Delete
Name: HAUGHT, ANNE
Address: 609 ELM
City-St-Zip: PERRY, KS 66073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MOLINE MR. 05/01/2002
Electronic Signature of Signing Officer or Director — Date