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Secretary of State
07-06-2006 90005 019 ***150.00
08-25-2006 90003 021 ***400.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000002950

1. Entity Name
KOCH FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
4111 E. 37TH ST N. WICHITA, KS 67220	P.O. BOX 2256 WICHITA, KS 67201 US

50026330

03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1115169
☐ Applied For
☐ Not Applicable

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURRIER, JEFF
STREET ADDRESS	4111 E. 37TH ST N.
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	AT
NAME	SPENCER, MELODY
STREET ADDRESS	4111 E 37TH ST NO
CITY-ST-ZIP	WICHITA, KS 67720
TITLE	CCD
NAME	BUSHMAN, RANDALL A
STREET ADDRESS	4111 E. 37TH ST N.
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	SVCD
NAME	HEARLE, PAUL T
STREET ADDRESS	4111 E. 37TH ST N.
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	V
NAME	ARCHAMBAULT, LEO J
STREET ADDRESS	4111 E. 37TH ST N.
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	VPO
NAME	BLOCK, BRUCE E
STREET ADDRESS	4111 E. 37TH ST. NORTH
CITY-ST-ZIP	WICHITA, KS 67220

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Melody Spencer 6-30-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #