

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 042 ***150.00

DOCUMENT # F97000003141 1. Entity Name CMS VIRON CORPORATION					
Principal Place of Business 12980 FOSTER DRIVE SUITE 400 OVERLAND PARK, KS 66213-2649			Mailing Address 12980 FOSTER DRIVE SUITE 400 OVERLAND PARK, KS 66213-2649		
2. Principal Place of Business One Energy Plaza Suite, Apt. #, etc. EP1-420		3. Mailing Address One Energy Plaza Suite, Apt. #, etc. EP1-420		44060555 	
City & State Jackson, MI		City & State Jackson, MI		4. FEI Number 43-1050855	
Zip 49201-2276		Country 49201-2276		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBCE JOOS, DAVID W FAIRLANE PLAZA SOUTH, STE 1100 DEARBORN, MI 48126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBCE JOOS, DAVID W ONE ENERGY PLAZA, EP12-204 JACKSON, MI 49201-2276 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, JOHN W 12980 FOSTER STE 400 OVERLAND PARK, KS 66213 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VANHEMERT, MICHAEL D ONE ENERGY PLAZA, EP12-246 JACKSON, MI 49201-2276 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOUNTCASTLE, LAURA L FAIRLANE PLAZA SOUTH STE 900 DEARBORN, MI 48126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOUNTCASTLE, LAURA L ONE ENERGY PLAZA, EP10-401 JACKSON, MI 49201-2276 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLANEY, JAMES D 216 NORTHWEST PLATTO VALLEY DR RIVERSIDE, MO 64150 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TAX VOGEL, THEODORE J ONE ENERGY PLAZA, EP10-201 JACKSON, MI 49201-2276 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLANEY, JAMES D 12980 FOSTER STE 400 OVERLAND PARK, KS 66213 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS III, WILLIAM H ONE ENERGY PLAZA, EP11-310 JACKSON, MI 49201-2276 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVANS, JENNIFER FAIRLANE PLAZA SOUTH STE 1100 DEARBORN, MI 48126 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NORKEY, JOYCE H ONE ENERGY PLAZA, EP1-420 JACKSON, MI 49201-2276 ☐ Change ☒ 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			Theodore J. Vogel 4/7/04 517-788-8933 Date Daytime Phone #		