

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 032 ***150.00

DOCUMENT # F97000004267 1. Entity Name DATA SYSTEMS INTERNATIONAL, INC. OF KANSAS	
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Principal Place of Business 7801 WEST 110TH ST., STE. 200 OVERLAND PARK, KS 66210	Mailing Address 7801 WEST 110TH ST., STE. 200 OVERLAND PARK, KS 66210
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40000668



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1172651	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORP SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCGRAW, MICHAEL J 7801 WEST 110TH ST., STE. 200 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BALDWIN, MARK L 7801 W. 110TH ST. OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALDWIN, MARK L 7801 W. 110TH ST OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1/4/2005 913-696-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #