2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F97000006678 Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** NINE MONTHS ADOPTIONS, INC. 07-13-2000 90019 001 ****61.25 Principal Place of Business Mailing Address 8676 WEST 96TH ST., STE. 200 8676 WEST 96TH ST., STE, 200 OVERLAND PARK KS 66212 OVERLAND PARK KS 66212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 74-2806225 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TATE, JEANNE T 101 E. KENNEDY BLVD., STE. 3700 TAMPA FL 33602 City Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LANCE, T. SEAN NAME NAME STREET ADDRESS STREET ADDRESS 9419 TAYLOR CITY-ST-ZIP CITY-ST-7IP **OVERLAND PARK KS 66212** ☐ Addition ☐ Delete TITLE Change TITLE EDSTROM, JACK NAME NAME STHEET ADDRESS STREET ADDRESS 11811 W. 149TH CITY-ST-ZIP CtTY-ST-ZIP **OLATHE KS 66062** Delete Change ☐ Addition TITLE TITLE NAME NAME MARS, SUSAN STREET ADDRESS STREET ADDRESS 10029 CONNELL CITY-ST-ZIP CITY-ST-ZIP OVERLAND PARK KS 66212 athan D. Young Change ☐ Addition Delete TITLE TITLE ZYDLO, MARK NAME NAME STREET ADDRESS STREET ADDRESS 10301 W. 48TH CITY-ST-ZIP CITY-ST-ZIF SHAWNEE KS 66203 □ Change ☐ Addition ☐ Delete TITLE TITLE MARS, TED NAME NAME STREET ADDRESS STREET ADDRESS 10029 CONNELL CITY-ST-ZIP CITY-ST-ZIP **OVERLAND PARK KS 66212** Change ☐ Addition ☐ Delete TITLE TITLE MORRIS. WADE NAME NAME STREET ADDRESS STREET ADDRESS 13242 LONG CITY-ST-ZIP CITY-ST-ZIP **OVERLAND PARK KS 66213** 12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agdress, with all other like empowered.

Jonathan D- Young