

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
04-29-2002 90049 024 \*\*\*150.00

### 1. Entity Name

04-29-2002 90049 024 \*\*\*150.00

Mailing Address

5960 DEARBORN ST.. #200  
MISSION KS 66202

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

**48-1020836**

Applied For	
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Not Applicable
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### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**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.

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P, D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Michael H. Barker		
STREET ADDRESS	2709 Water Ridge Pkwy		
CITY - ST - ZIP	Charlotte, NC 28317		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2709 Water Ridge Pkwy
CITY - ST - ZIP	Charlotte, NC 28317

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2709 Water Ridge Pkwy	
CITY-ST-ZIP	Charlotte NC 28317	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED** Ken R. Bramlett, Jr., 4/11/02 704-442-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)