FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # F98000001609 1. Entity Name 04-29-2002 90049 024 ***150 00 KANSAS BUSINESS CONSULTANTS, INC. Principal Place of Business Mailing Address 5960 DEARBORN ST., #200 5960 DEARBORN ST., #200 MISSION KS 66202 MISSION KS 66202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-1020836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete Change ☐ Addition CR2E034 (9/01) Michael H. Barker NAME HAYNES, DOUGLAS STREET ADDRESS STREET ADDRESS 2709 Water Ridge Pkwy 5960 DEARBORN ST., #200 Charlotte, NC 28217 CITY-ST-7IP CITY-ST-ZIP MISSION KS 66202 ŢITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME HOWARD, DOUGLAS A STREET ADDRESS STREET ADDRESS 5960 DEARBORN ST., #200 CITY-ST-ZIP CITY-ST-ZIP MISSION KS 66202 Change - Addition-TITLE ☐ Delete TITLE VASD NAME NAME HUNT, JAMES C STREET ADDRESS 2709 Water Ridge Pkwy Charlotte, NC 28217 5605 CARNEGIE BLVD STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28209** TITLE ☐ Delete ☐ Addition VSD TITLE NAME BRAMLEST, KEN P JR NAME 2709 Water Ridge PKWY STREET ADDRESS STREET ADDRESS 5605 CARNEGIE BLVD STE 500 CITY-ST-ZIP **CHARLOTTE NC 28209** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

JIREKEN R. Bramlett, Jr., 4/11/02 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR