

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90035 010 \*\*\*150.00

0599561

**DOCUMENT # F98000001830**

1. Entity Name  
**KOCH MICROELECTRONIC SERVICE COMPANY, INC.**

Principal Place of Business

**4111 E. 37TH ST. NORTH  
 WICHITA KS 67220**

Mailing Address

**P.O. BOX 2256  
 ATTN: TAX SERVICES  
 WICHITA KS 67201**

**759241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **48-1199102**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **NOBLES, C.S.**  
 STREET ADDRESS **4111 E. 37TH ST. NORTH**  
 CITY-ST-ZIP **WICHITA KS 67220**

TITLE ☐ Change ☐ Addition  
 NAME **Complete listing attached**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CAFFEY, B.R.**  
 STREET ADDRESS **4111 E. 37TH ST. NORTH**  
 CITY-ST-ZIP **WICHITA KS 67220**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **GENTRY, JEFF N**  
 STREET ADDRESS **4111 E. 37TH ST. NORTH**  
 CITY-ST-ZIP **WICHITA KS 67220**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Scot Shoup**  
 STREET ADDRESS **4111 E. 37th St. N.**  
 CITY-ST-ZIP **Wichita KS 67220**

TITLE **P** ☐ Delete  
 NAME **TOLSON, DAVID A**  
 STREET ADDRESS **1800 WEST LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX 77027**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VAS** ☐ Delete  
 NAME **CARTER, STEVEN H**  
 STREET ADDRESS **4111 E. 37TH ST. NORTH**  
 CITY-ST-ZIP **WICHITA KS 67220**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **CALDWELL, H. ALLAN**  
 STREET ADDRESS **4111 E. 37TH ST. NORTH**  
 CITY-ST-ZIP **WICHITA KS 67220**

TITLE ☐ Change ☐ 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:

*Jill A. Bryant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill Bryant  
 Asst. Treasurer**

Date

Daytime Phone #

**4-24-01 (316) 828-7426**

CR2E034 (10/00)