

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004499

Entity Name: LARSON BINKLEY, INC.

FILED  
Mar 15, 2007  
Secretary of State

## Current Principal Place of Business:

8900 STATE LINE ROAD SUITE 150  
LEAWOOD, KS 66206

## New Principal Place of Business:

6363 COLLEGE BLVD.  
SUITE 400  
OVERLAND PARK, KS 662111542

## Current Mailing Address:

8900 STATE LINE ROAD SUITE 150  
LEAWOOD, KS 66206

## New Mailing Address:

6363 COLLEGE BLVD.  
SUITE 400  
OVERLAND PARK, KS 662111542

FEI Number: 43-1801038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: LARSON, CHRISTOPHER R  
Address: 2408 W 70TH ST  
City-St-Zip: MISSION HILLS, KS 66208

Title: VPD ( ) Delete  
Name: CAHILL, JOSEPH M  
Address: 1521 HORSESHOE DR.  
City-St-Zip: RAYMORE, MO 64083

Title: STD ( ) Delete  
Name: KLEIN, STEPHEN A  
Address: 6809 W. 98TH STREET  
City-St-Zip: OVERLAND PARK, KS 66212

Title: SVP ( ) Delete  
Name: BINKLEY, GERALD L  
Address: 12017 W. 92ND STRET  
City-St-Zip: LENEXA, KS 66215

Title: VPD ( ) Delete  
Name: COULTER, JOHN C  
Address: 8900 STATE LINE ROAD, SUITE 150  
City-St-Zip: LEAWOOD, KS

Title: VP ( ) Delete  
Name: SIROIS, WILLIAM A  
Address: 8900 STATE LINE ROAD, SUITE 150  
City-St-Zip: LEAWOOD, KS 66212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COULTER, JOHN C  
Address: 8900 STATE LINE ROAD, SUITE 150  
City-St-Zip: LEAWOOD, KS

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. KLEIN

STD

03/15/2007

Electronic Signature of Signing Officer or Director

Date