

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004499

Entity Name: LARSON BINKLEY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

6363 COLLEGE BLVD.
SUITE 400
OVERLAND PARK, KS 662111542

Current Mailing Address:

6363 COLLEGE BLVD.
SUITE 400
OVERLAND PARK, KS 662111542

New Principal Place of Business:

6363 COLLEGE BLVD.
SUITE 400
OVERLAND PARK, KS 662111882

New Mailing Address:

6363 COLLEGE BLVD.
SUITE 400
OVERLAND PARK, KS 662111882

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: VPD () Delete
Name: MEGERSON, JAMES E
Address: 14212 W. 72ND STREET
City-St-Zip: SHAWNEE, KS 66216

Title: VPD () Delete
Name: COULTER, JOHN C
Address: 11404 WEST 74TH STREET
City-St-Zip: SHAWNEE, KS 66203

Title: VP () Delete
Name: SIROIS, WILLIAM A
Address: 9100 LAMAR AVE., SUITE 101
City-St-Zip: OVERLAND PARK, KS 66207

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
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

SEC.

03/23/2009

Electronic Signature of Signing Officer or Director

Date