2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9900000817 May 19, 2000 8:00 am Secretary of State 1. Entity Name ELUMEN SOLUTIONS (KANSAS), INC. 05-19-2000 90043 038 ***150.00 Principal Place of Business Mailing Address 7401 W. 129TH STREET 7401 W. 129TH STREET SUITE 110 SUITE 110 OVERLAND PARK KS 66213 OVERLAND PARK KS 66213-2634 3. Mailing Address 2. Principal Place of Business 800 Delau 800 Dela Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-1078335 Buffale Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 14209 Ērie 14209 Fee Required trie 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD **⊠** Addition TITI F Delete TITLE Gale S. Fitzgerald 800 Delaware tre. NICHOLS, JOHN C NAME NAME 7401 W. 129TH STREET, STE 110 STREET ADDRESS STREET ADORESS Buffalo NY 14209 **OVERLAND KS** CITY-ST-ZIP CITY-ST-ZIP **Addition** Delete TITLE TITLE BERGMANN, CHRISTOPHER J James R. Boldt NAME NAME 7401 W. 129TH STREET, STE 110 STREET ADDRESS STREET ADDRESS soo Delaware Ave. CITY-ST-7IP OVERLAND KS CITY-ST-ZIP Delete TITLE Change Addition TITLE FRALICH, MARY P NAME NAME 7401 W. 129TH STREET, STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVERLAND KS ☐ Change ☐ Addition Delete TITLE TITLE NIEHAUS, THOMAS J NAME NAME 312 PLUM STREET, STE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.