

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006083

1. Entity Name

APPLIED MEASUREMENT PROFESSIONALS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90051 035 ***150.00

Principal Place of Business

Mailing Address

8310 NIEMAN ROAD
LENEXA KS 66214-1579

8310 NIEMAN ROAD
LENEXA KS 66214-1579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0940267

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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, 2000 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 ☐ Delete
NAME C
STREET ADDRESS BURGIN, WILLIAM E JR., MD
CITY-ST-ZIP 2601 HOSPITAL BLVD., STE. 117
CORPUS CHRISTI TX 78405

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Paul L. Goldiner, MD
CITY-ST-ZIP 1 Gustave L Levy Pl, Box 1010
New York, NY 10029

TITLE ☐ Delete
NAME D
STREET ADDRESS DIRKSEN, RALPH E
CITY-ST-ZIP 23933 W. 175TH ST.
GARDNER KS 66030

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Gregg L. Ruppell, MED, RRT
CITY-ST-ZIP 3635 Vista at Grand
St Louis, MO 63104

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYES, JAMES H MHA
CITY-ST-ZIP 19730 ENCINO BROOK
SAN ANTONIO TX 78259

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Fred Louis III
CITY-ST-ZIP 300 S Wacker Drive, Ste 2400
Chicago, IL 60606

TITLE ☐ Delete
NAME D
STREET ADDRESS LAWRENCE, ROBERT M MD
CITY-ST-ZIP 902 NORTH LANDING RD.
ROCHESTER NY 14625

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Barbara C. Wilson, MED, RRT
CITY-ST-ZIP 4020 Crown Hill Drive
Durham, NC 27707

TITLE ☐ Delete
NAME P
STREET ADDRESS BRYANT, STEVEN K
CITY-ST-ZIP 8310 NIEMAN RD.
LENEXA KS 66214-1579

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

TITLE ☒ Delete
NAME S
STREET ADDRESS TINSTMAN, THOMAS C MD
CITY-ST-ZIP 2800 ROCKCREEK PARKWAY
KANSAS CITY MO 64117-2551

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven K. Bryant, President (913) 541-0400

Date

Daytime Phone #

CR2E034 (9/99)