

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006083

FILED
Jan 29, 2009
Secretary of State

Entity Name: APPLIED MEASUREMENT PROFESSIONALS, INC.

Current Principal Place of Business:

18000 W. 105TH ST
OLATHE, KS 660617543

New Principal Place of Business:

Current Mailing Address:

18000 W. 105TH ST
OLATHE, KS 660617543

New Mailing Address:

FEI Number: 48-0940267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: D () Delete
Name: JORDAN, HARRY E
Address: 9832 OVEERBROOK RD
City-St-Zip: LEAWOOD, KS 66206

Title: D () Delete
Name: REGNIER, ROBERT D
Address: 11935 RILEY
City-St-Zip: OVERLAND PARK, KS 66225

Title: D () Delete
Name: HAYES, JAMES H MHA
Address: 19730 ENCINO BROOK
City-St-Zip: SAN ANTONIO, TX 78259

Title: S () Delete
Name: RUPPEL, GREGG L RRT
Address: 3635 VISTA AT GRAND
City-St-Zip: SAINT LOUIS, MO 63104

Title: P () Delete
Name: SMITH, GARY A
Address: 18000 W 105TH ST.
City-St-Zip: OLATHE, KS 660617513

Title: D () Delete
Name: GOLDINER, PAUL L MD
Address: 7 HAWTHORNERD
City-St-Zip: LARCHMONT, NY 10538

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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Address:
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: GARY A. SMITH

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date