

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006083

FILED  
Mar 23, 2010  
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:**

18000 W. 105TH ST  
OLATHE, KS 660617543 US

**Current Mailing Address:**

18000 W. 105TH ST  
OLATHE, KS 660617543

**New Mailing Address:**

18000 W. 105TH ST  
OLATHE, KS 660617543 US

**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  
Name: JORDAN, HARRY E  
Address: 9832 OVERBROOK RD  
City-St-Zip: LEAWOOD, KS 66206

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GARY A. SMITH

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03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date