## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # F99000006381

LABÓNE, INC. OF KANSAS



**FILED** Jan 26, 2004 8:00 am **Secretary of State** 

01-26-2004 90004 032 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CORPORATION:SERVICE:COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525  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. I am familiar with, a the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and this I applicable. (NOTE: Registered Agent signature required when renestang)  DATE  FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	10101 RENNER BOULEVARD LENEXA, KS 66219-9752  2. Principal Place of Business  Suite. Apt. #, etc.  City & State	3. Mailing Address Suite, Apt. #, etc.			520	
LENEXA, KS 66219-9752  LENEXA, KS 66219-9752  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1102004 ChgP CR2E034 (10/03)  City & State  City & State  City & State  4. FEI Number 43-1039532  Not  Add-1039532  Adding Address of Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE: COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525  City  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or pinted name of registered agent and tile of applicable.  (NOTE: Registered Agent signature required when remaining)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00	2. Principal Place of Business Suite. Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc.			520	
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City & State  City & State  City & State  City & State  4. FEI Number 43-1039532  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE: COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renatising)  PATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00	City & State					
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6. Name and Address of Current Registered Agent  CORPORATION:SERVICE:COMPANY  1201 HAYS STREET TALLAHASSEE, FL 32301-2525  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a the obligations of registered agent.  SIGNATURE  Signature. typed or printed name of registered agent and the d applicable.  (NOTE: Registered Agent signature required when reinstating)  PEL Zip Code  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	Zip Country		#*************************************			plied For t Applicable
CORPORATION:SERVICE:COMPANY  1201 HAYS STREET TALLAHASSEE, FL 32301-2525  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Added to Fees		Zip	Country	5. Certificate of Status Desired		
CORPORATION: SERVICE: COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.	6. Name and Adda	ess of Current Registered Agent		7. Name and Address of New Register	ed Agent	
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	After May 1, 2004 Fee w	ill be \$550.00 Trust Fund C	Contribution.	Added to Fees	AND DISCOURS	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS /		
TITLE PCD Delete TITLE hange  NAME GRANT, W. THOMAS II NAME  STREET ADDRESS  CITY_ST_ZIP I ENEXA KS_662100752	NAME GRANT, W. THOM	AS II	NAME .	·	hange	Addition
				,		
	CITY-ST-ZIP LENEXA, KS 662	99752	CITY-ST-ZIP		Change	_
STREET ADDRESS 10101 RENNER BOULEVARD STREET ADDRESS	CITY-ST-ZIP LENEXA, KS 662°	99752 Delete	CITY-ST-ZIP THTLE	2	<b>⊘</b> Change	☐ Addition
CITY-ST-ZIP LENEXA, KS 662199752 CITY-ST-ZIP	CITY-ST-ZIP LENEXA, KS 662*  IIILE VS NAME DENAGE, JOSEPH	99752	CITY-ST-ZIP TITLE NAME	Benage, Joseph C		_
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NAME MCCARTY, JOHN NAME	CITY-ST-ZIP LENEXA, KS 662*  IIILE VS NAME DENAGE, JOSEPH STREET ADDRESS 10101 RENNER B: CITY-ST-ZIP LENEXA, KS 662*	99752  Delete  1  DULEVARD 199752	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benage, Joseph C		☐ Addition
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TITLE AT Delete TITLE VT: Delete LINHARDT, D. RICK NAME LINHARDT, D. RICK	CITY-ST-ZIP LENEXA, KS 662*  IIILE VS NAME DENAGE, JOSEPH STREET ADDRESS 10101 RENNER B: CITY-ST-ZIP LENEXA, KS 662*  IIILE V NAME MCCARTY, JOHN "STREET ADDRESS" 10101 RENNER B: CITY-ST-ZIP LENEXA, KS 662*  IIILE AT NAME LINHARDT, D. RICE	99752  Delete H DULEVARD 199752  Delete DULEVARD 99752  Delete K	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Y	Change	Addition
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TITLE AT Delete TITLE NAME LINHARDT, D. RICK STREET ADDRESS CITY-ST-ZIP LENEXA, KS 66219  TITLE VP Delete TITLE NAME ASSELTA, MICHAEL J  Delete TITLE NAME NAME NAME	CITY-ST-ZIP LENEXA, KS 662*  IIILE VS NAME DENAGE, JOSEPH STREET ADDRESS 10101 RENNER B CITY-ST-ZIP LENEXA, KS 662*  ITILE MCCARTY, JOHN STREET ADDRESS 10101 RENNER-B CITY-ST-ZIP LENEXA, KS 662*  ITILE AT NAME LINHARDT, D. RIC STREET ADDRESS 10101 ENNER BL CITY-ST-ZIP LENEXA, KS 662*  ITILE VP NAME VP NAME ASSELTA, MICHA	99752  I Delete  H DULEVARD 199752  Delete  Delete  Delete  CULEVARD 199752  Delete  CULEVARD 199752  Delete  EL J	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Y	☐ Change  ☑ Change	Addition  Addition  Addition
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TITLE AT LINHARDT, D. RICK SIREET ADDRESS CITY-ST-ZIP LENEXA, KS 66219  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LENEXA, KS 66219  Delete TITLE NAME ASSELTA, MICHAEL J STREET ADDRESS CITY-ST-ZIP LENEXA, KS 66219  Change Ch	CITY-ST-ZIP LENEXA, KS 662*  IIILE VS NAME DENAGE, JOSEPH STREET ADDRESS 10101 RENNER B CITY-ST-ZIP LENEXA, KS 662*  IIILE V NAME MCCARTY, JOHN "STREET ADDRESS" 10101 RENNER B LENEXA, KS 662*  IIILE AT NAME LINHARDT, D. RIC STREET ADDRESS 10101 ENNER BL CITY-ST-ZIP LENEXA, KS 662*  IIILE VP NAME STREET ADDRESS 10101 RENNER BL CITY-ST-ZIP ASSELTA, MICHA STREET ADDRESS 10101 RENNER B CITY-ST-ZIP LENEXA, KS 662*	99752    Delete	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME = STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	VT. Linhards, D. Rick	Change  Change  Change	Addition  Addition  Addition  Addition
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12. 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 he 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

overigna Park