

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006381

FILED
Apr 25, 2008
Secretary of State

Entity Name: LABONE, INC. OF KANSAS

Current Principal Place of Business:

10101 RENNER BOULEVARD
LENEXA, KS 662199752

New Principal Place of Business:

Current Mailing Address:

10101 RENNER BOULEVARD
LENEXA, KS 662199752

New Mailing Address:

FEI Number: 43-1039532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33301 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: P () Delete
Name: MOHAPATRA, SURYA N
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

Title: V () Delete
Name: HAGEMANN, ROBERT A
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

Title: T (X) Delete
Name: MANORY, JOSEPH P
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

Title: AS () Delete
Name: CALAMARI, STEPHEN A
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

Title: AS () Delete
Name: FARRENKOPF, JR, LEO C
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DOHERTY, CATHERINE T
Address: 1290 WALL STREET W
City-St-Zip: LYNDHURST, NJ 07071

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: LEO C FARRENKOPF JR.

AS

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date