

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90888

FILED
Mar 23, 2009
Secretary of State

Entity Name: GOVERNMENT SERVICES CORPORATION

Current Principal Place of Business:

2102 E. 21ST ST. N.
SUITE C
WICHITA, KS 67214

New Principal Place of Business:

Current Mailing Address:

2102 E. 21ST ST. N.
SUITE C
WICHITA, KS 67214

New Mailing Address:

FEI Number: 06-1726518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPARA, GODWIN R
NAVAL AIR TECHNICAL TRAINING CENTER
230 CHEVALIER FIELD AVE.
PENSACOLA, FL 32508 US

Name and Address of New Registered Agent:

OPARA, RICHARD
NAVAL AIR TECHNICAL TRAINING CENTER
230 CHEVALIER FIELD AVE.
PENSACOLA, FL 32508 US

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: RICHARD OPARA

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OPARA, RICHARD C
Address: 1530 N. GATEWOOD
City-St-Zip: WICHITA, KS 67206

Title: VPD () Delete
Name: OPARA, GODWIN R
Address: 1530 N. GATEWOOD
City-St-Zip: WICHITA, KS 67206

Title: SD () Delete
Name: OPARA, MARGARET N
Address: 1530 N. GATEWOOD
City-St-Zip: WICHITA, KS 67206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OPARA, GODWIN R
Address: 1530 N. GATEWOOD CT
City-St-Zip: WICHITA, KS 67206

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: MARGARET OPARA

SD

03/23/2009

Electronic Signature of Signing Officer or Director

Date