## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76731  1. Entity Name  PROPERTY MANAGEMENT CORP.							Secretary of State 04-24-2002 90384 016 ***150.00					
Principal Place of Business 9323 E 37TH ST NORTH SUITE 200 WICHITA KS 67226 US			Mailing Address 9323 E 37TH STREET NORTH SUITE 200 WICHITA KS 67226 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	48-1053147		<del></del>	oplied For	
Zip	Country	Zi	р	Coun	try	5.	Certificate of	Status Desired	П \$	8.75 Add	ditional	
	6. Name and Addre	ss of Current Registe	ered Agent			7.	Name and A	dress of New R				
CT CORPORATION SYSTEM					Name							
	PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324								<del></del>				
					City	·			FL	Zip Code	<del>9</del>	
SIGNATURE  9. This corporate fax filing	Signature, typed or printed name pration is eligible to satisfarequirement and elects to ria on back)	of registered agent and title if a y its Intangible do so.		Registered FEE 2 Fee v	Agent signatures	re required when	reinstating)	on Campaign Fin	DATE ancing	\$5.0 Added	<b>0</b> May Be to Fees	
11.		FICERS AND DIRECT		12.		A	DDITIONS/CH	IANGES TO OFFI		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Taylor, Daniel J 9323 E. 37TH Stree Wichita KS 67226	T NORTH	□ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LONG, MARVIN 14911 SHARON LN WICHITA KS		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, BRENDA J 2131 SO COOPER C WICHITA KS 67226	OURT	☐ Delete				-	·	(	Change	☐ Addition	
TITLE  IAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
ITLE IAME ITREET ADDRESS CITY-ST-ZIP			☐ Defete							Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete		T ADORESS ST-ZIP			·.	[	☐ Change	Addition	

13. 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 the 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

2002 316/634-3322 Daytime Phone #