

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90202 001 ***300.00

DOCUMENT # M76731 1. Entity Name PROPERTY MANAGEMENT CORP.	
--	---

Principal Place of Business 1938 N WOODLAWN SUITE 400 WICHITA, KS 67208 US	Mailing Address 1938 N WOODLAWN SUITE 400 WICHITA, KS 67208 US
--	--

DO NOT WRITE IN THIS SPACE

66002484



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1053147	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, DANIEL J 1938 N WOODLAWN, SUITE 400 WICHITA, KS 67208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LONG, MARVIN 14911 SHARON LN WICHITA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, BRENDA J 2131 SO COOPER COURT WICHITA, KS 67226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda J. Butler 2-26-08 316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Brenda J. Butler