

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000046

FILED
Apr 16, 2008
Secretary of State

Entity Name: MYERS AND STAUFFER LC

Current Principal Place of Business:

4123 SW GAGE CENTER DRIVE, SUITE 200
TOPEKA, KS 66604

New Principal Place of Business:

Current Mailing Address:

4123 SW GAGE CENTER DRIVE, SUITE 200
TOPEKA, KS 66604

New Mailing Address:

FEI Number: 48-1164042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, BRUCE L
1200 GULF BLVD.,#1903
CLEARWATER, FL 33767 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONDEEN, KEVIN C
Address: 11440 TOMAHAWK CREEK PARKWAY
City-St-Zip: LEAWOOD, KS 66211

Title: MGRM () Delete
Name: BUOY, KEENAN
Address: 9265 COUNSELORS ROW SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGR () Delete
Name: WADE, KATHRYN M
Address: 4123 SW GAGE CENTER DR.
City-St-Zip: TOPEKA, KS 66604

Title: MGRM () Delete
Name: ERICKSON, JAMES D
Address: 11440 TOMAHAWK CREEK PARKWAY
City-St-Zip: LEAWOOD, KS 66211

Title: MGRM () Delete
Name: KNERR, KRISTOPHER J
Address: 9265 COUNSELORS ROW SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGR () Delete
Name: DUZAN, JARED B
Address: 9265 COUNSELORS ROW SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46240

ADDITIONS/CHANGES:

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

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHRYN M. WADE

MGR

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date