

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000046

FILED  
Feb 22, 2009  
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  
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:

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

02/22/2009

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