

FILED
Mar 14, 2005 8:00 am .TX1
Secretary of State

03-14-2005 90117 006 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| |
|--------------------------------|
| DOCUMENT # P00000021034 |
| 1. Entity Name |
| API, Inc. |

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------|
| 2. Principal Place of Business 11306 Strang Line Road | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Lenexa, KS | City & State |
| Zip 66215 | Country USA |

50026395

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 48-1227116 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|-----------------------------------|---|--------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Glen Alber | |
| | Street Address (P.O. Box Number is Not Acceptable) 990 S. Rogers Circle | |
| | City Boca Raton | Zip Code 33487 |

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| | | | |
|---|--|---|-----------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President & Director Edward Rafter 11323 Grandview Overland Park KS 66210 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer & Director Mark Hartfiel 1009 NE Kenwood Drive Lees Summit MO 64064 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary & Director Ed Rogers 14580 W. 152nd Place Olathe KS 66062 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



Edward Rafter

2-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #