2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00492

Entity Name: COFFMAN ASSOCIATES, INC.

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:	
	BLUE PARKWA	4Y			
SUITE 100 LEE'S SUI) MMIT, MD 6406	33 US			
Current N	lailing Addres	s:	New Mail	ing Address:	
237 NI \A/ I	BLUE PARKWA	\V			
SUITE 100					
FEI Number	: 43-1201450	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1534 HÉN FT. MYER The above	S, FL 3390207		purpose of changing	its registered office or registered agent, or both,	
SIGNATUI					
SIGNATU		ic Signature of Registered A	ront	 Date	
Election Ca		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () COFFMAN, JEA 600 N.W. EDGE LEE'S SUMMIT,	WOOD DR	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BENSON, STEVEN G 4080 SW CAMELOT DRIVE LEE'S SUMMIT, MO 64082	
Title: Name: Address: City-St-Zip:	S () COFFMAN, STE 600 N.W. EDGE LEE'S SUMMIT,	WOOD DR	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WAGNER, STEPHEN C 2900 W. 105TH STREET LEAWOOD, KS 66206	
Title: Name: Address: City-St-Zip:	VP () BENSON, STEV 4080 SW CAME LEES SUMMIT,	LOT DR	Title: Name: Address: City-St-Zip:	PRIN (X) Change () Addition COFFMAN, STEPHEN D 600 NW EDGEWOOD DRIVE LEE'S SUMMIT, MO 64081	
Title: Name: Address: City-St-Zip:	VP () DMYTERKO, MI 4918 BROCKWA SHAWNEE, KS	AY CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () FITZ, DAVID W 13283 FAIRWA' LEEWOOD, KS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HARRIS, JAMES 14227 N 57TH V SCOTTSDALE,	VAY	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HARRIS, JAMES M 14227 N 57TH WAY SCOTTSDALE, AZ 85254	

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. WAGNER VP 04/29/2009