

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00648

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: TRIAD ASSOCIATES, INC.

## Current Principal Place of Business:

2414 N WOODLAWN STE 201  
P.O. BOX 789950  
WICHITA, KS 672789950

## New Principal Place of Business:

## Current Mailing Address:

2414 N WOODLAWN STE 201  
P.O. BOX 789950  
WICHITA, KS 672789950

## New Mailing Address:

FEI Number: 48-0966460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRK, WILLIAM N  
979 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WIGGINS, DALE E.,  
Address: 2526 LAKE RIDGE COURT  
City-St-Zip: WICHITA, KS

Title: TD ( ) Delete  
Name: PAYNE, LARRY F.,  
Address: 1610 FOLIAGE DRIVE  
City-St-Zip: WICHITA, KS

Title: SD ( ) Delete  
Name: KIRK, ALBERT J  
Address: P.O. BOX 789950  
City-St-Zip: WICHITA, KS 67278

Title: D ( ) Delete  
Name: PAYNE, MARY J.,  
Address: 1610 FOLIAGE DR.  
City-St-Zip: WICHITA, KS

Title: D ( ) Delete  
Name: WIGGINS, ALICE,  
Address: 2526 LAKE RIDGE COURT  
City-St-Zip: WICHITA, KS

Title: D ( ) Delete  
Name: KIRK, SKAYE,  
Address: P.O. BOX 789950  
City-St-Zip: WICHITA, KS 67278

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ALBERT J. KIRK

SD

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date