



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00648 1. Entity Name TRIAD ASSOCIATES, INC.	
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Principal Place of Business 2414 N WOODLAWN 201 WICHITA, KS 67220 US	Mailing Address P.O. BOX 789950 WICHITA, KS 67278-9950 US
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DO NOT WRITE IN THIS SPACE

	
01032008 No Chg-P CR2E034 (11/05)	
4. FEI Number 48-0966460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

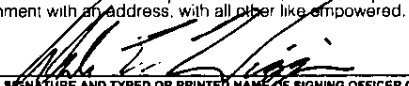
6. Name and Address of Current Registered Agent KIRK, WILLIAM N 979 BEACHLAND BLVD. VERO BEACH, FL 32963	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, DALE E. 2526 LAKE RIDGE COURT WICHITA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, LARRY F. 1610 FOLIAGE DRIVE WICHITA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRK, ALBERT J 2075 SPRING PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, ALICE 2526 LAKE RIDGE COURT WICHITA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, SKAYE 2075 SPRING PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000782285 01/15/08-80068-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  DALE E. WIGGINS 1/11/08	Date: _____ Daytime Phone: _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	