

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 PM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norburn Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

**DOCUMENT # P05915 (4)**

1. Corporation Name  
**PERFORMANCE CONTRACTING, INC. OF KANSAS**

Principal Place of Business <b>5435 77 CENTER DR #10 CHARLOTTE NC 28217</b>	Mailing Address <b>5435 77 CENTER DR #10 CHARLOTTE NC 28217</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/07/1985</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>34-1467168</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>FL</b>
<b>B5</b> Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	NAME <b>CARLISE, T. L.</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>16047 W. 110TH ST.</b>	CITY - ST - ZIP <b>LENEXA KS</b>	1.2 NAME	
TITLE <b>PD</b>	NAME <b>SPRAETZ, K.M.</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>16047 W. 110TH ST.</b>	CITY - ST - ZIP <b>LENEXA KS</b>	1.4 CITY - ST - ZIP	
TITLE <b>STD</b>	NAME <b>CLARK, FRANK R.</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>16047 W. 110TH ST.</b>	CITY - ST - ZIP <b>LENEXA KS</b>	2.2 NAME	
TITLE <b>AS</b>	NAME <b>LAPHAM, D.D.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>5435 77CENTER DR #10</b>	CITY - ST - ZIP <b>CHARLOTTE NC</b>	2.4 CITY - ST - ZIP	
TITLE <b>V</b>	NAME <b>MATTHEWS, MICHAEL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>16047 W. 110TH ST.</b>	CITY - ST - ZIP <b>CHARLOTTE NC</b>	3.2 NAME	
TITLE <b>V</b>	NAME <b>FALLON, CRAIG</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>E. 6621 MISSION ST.</b>	CITY - ST - ZIP <b>SPOKANE WA</b>	3.4 CITY - ST - ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS <b>16047 W. 110th St.</b>	
		6.4 CITY - ST - ZIP <b>Lenexa KS 66219</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doug Lapham **Doug Lapham** 4/5/95 704-529-8016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)