

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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>
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<b>3. Date Incorporated or Qualified</b> 05/07/1985	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEI Number</b> 34-1467168	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 208 East Woodlawn Rd. Suite, Apt. #, etc.	<b>26</b> 208 East Woodlawn Rd. Suite, Apt. #, etc.
<b>22</b> Suite 200 City & State	<b>27</b> Suite 200 City & State
<b>23</b> Charlotte, NC Zip 28217	<b>28</b> Charlotte, NC Zip 28217
<b>24</b> Country USA	<b>30</b> Country USA

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLISE, T. L.	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	LENEXA KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPRAETZ, K.M.	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	LENEXA KS	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLARK, FRANK R.	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	LENEXA KS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAPHAM, D.D.	
STREET ADDRESS	5435 77CENTER DR #10	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTHEWS, MICHAEL	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALLON, CRAIG	
STREET ADDRESS	16047 WEST 110TH STREET	
CITY-ST-ZIP	LENEXA KS	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 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:** \_\_\_\_\_ **3/26/97** 704529-8016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)