


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P05915 1. Entity Name PERFORMANCE CONTRACTING, INC. OF KANSAS |  |
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|--|--|
| Principal Place of Business 16400 COLLEGE BLVD LENEXA, KS 66219 US | Mailing Address 16400 COLLEGE BLVD LENEXA, KS 66219 US |
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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 34-1467168 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!!-- FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, CRAIG D 16400 COLLEGE BLVD LENEKA, KS 66219 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LAPHAM, D.D. 16400 COLLEGE BLVD LENEKA, KS 66219 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, CRAIG D 16400 COLLEGE BLVD LENEKA, KS 66219 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS VAN PELT, NANCY 208 E WOODLAND RD STE 200 CHARLOTTE, NC 28217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000894629
 04/17/08-90051-016 150.00

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: Davis Craig D ASst Sec. 4/2/08 913-310-3394
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #