2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P05915 **DOCUMENT #**

SIGNATURE:

1. Entity Name
PERFORMANCE CONTRACTING, INC. OF KANSAS



May 01, 2003 8:00 am Secretary of State
05-01-2003 90542 012 ***150.00

704-529-8047

Principal Plac 208 EAST WO STE. 200		Mailing Address 208 EAST WOODLAWN RD STE. 200									
CHARLOTTE I	NC 28217	CHARLOTTE NC 282	CHARLOTTE NC 28217				DALOGO, LOS OBABOS DALEN ARABOS P		111 1111 E111 F	11 0 11 01 0 11 100)	
US		US									
2 Principal P	lace of Business	3 Mailing Address	3. Mailing Address				0 41. 00 1.111.005107.01110.110.11	88) BIN BIN BIBN BI		HARIH DERHE BAAK	
z. i iliopari	idee of Edulineas	o, maining Address	Maining Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nur		nber 34-1467168	}		oplied For	
Zip	Country	Zip	Count	ry					\$8.75 Add	titional	
	6. Name and Address of Current	t Registered Agent	<u> </u>			7. Name a	nd Address of New F	Registered A	gent		
				Name							
CT CORP	•	,									
	INE ISLAND ROAD		Street Add			lress (P.O. Box Number is Not Acceptable)					
	ON FL 33324										
I PUMIVII	011 1 2 30024		Ĺ								
				City				FL	Zip Code	e	
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 .		and district	AIOTE D. Land	A			-	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1 2002 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be										O Marina	
	May 1, 2003 Fee will be \$550.00			L L	Trust Fund Contribution			to Fees			
Make Check Payable to Florida Department of State											
10.	OFFICERS AND		11.				IS/CHANGES TO OFF	ICERS AND			
TITLE	D CRAIC M	Delete	TITLE			cton	. 5		☐ Change	Addition	
NAME	FALLON, CRAIG M 16047 W. 110TH ST.	•	NAME		Dav	is, ca	bug, D.			Ţ	
STREET ADDRESS	LENEKA KS 66219			T ADDRESS	1604	7 6.	110th St.	. (0		- 1	
CITY-ST-ZIP				ST-ZIP	rec	بملك	KS lelo?	עז			
TITLE	AS	☐ Delete	TITLE	I.	₽₹₹	SEC.			Change	☐ Addition	
NAME	LAPHAM, D.D.	#000	NAME		Lapl	nom,	David Br				
STREET ADDRESS	208 EAST WOODLAWN ROAD,	#200		T ADDRESS ST-ZIP	100	47 W	110th 21.	210		1	
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-	\$1-ZIP	بعر	<u>uua</u>	<u> الالا ، لوا</u>	0219			
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STREET ADDRESS	16047 W. 110TH ST.			T ADDRESS						{	
CITY-ST-ZIP	LENEKA KS 66219			ST-ZIP							
TITLE	TOOTE MULIAM M	☐ Delete	TITLE	1					Change	Addition)	
NAME	FOOTE, WILLIAM M		NAME	1						}	
STREET ADDRESS CITY-ST-ZIP	16047 W. 110TH ST. LENEKA KS 66219			T ADDRESS ST-ZIP						ì	
	LENERA NO 60219				N ====						
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STREET ADDRESS CITY-ST-ZIP			STREE CITY-	T ADDRESS	206	5 E. L	Loodland		الك للك		
					عبب	ulot	in MC	782		T Address	
TITLE		☐ Delete	TITLE	- 1					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	T ADDRESS							
STREET ADDRESS CITY-ST-ZIP			STREE CITY-:	F ADDRESS ST. 7IP							
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12. I 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 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.											

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR