

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105506

Entity Name: ZAVE NETWORKS, INC.

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

2812 W 47TH AVE
KANSAS CITY, KS 66103

New Principal Place of Business:

Current Mailing Address:

2812 W 47TH AVE
KANSAS CITY, KS 66103

New Mailing Address:

FEI Number: 20-5377430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAY, LANCE T
Address: 1901 W. 47TH PLACE, STE. 10
City-St-Zip: WESTWOOD, KS 66205

Title: D () Delete
Name: LEMAY, RONALD T
Address: 1901 W. 47TH PLACE, STE 10
City-St-Zip: WESTWOOD, KS 66205

Title: D/P () Delete
Name: NOVICK, WALKER R
Address: 2812 W 47TH AVE
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: RELF, SCOTT B
Address: 6020 AUTUMN OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: S/T () Delete
Name: VALENTA, HOLLY
Address: 2812 W 47TH AVE
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: HERBST, RICHARD
Address: 7 HAMILL LANE
City-St-Zip: CLARENDON HILLS, IL 60514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/P (X) Change () Addition
Name: LANGFORD, THAD
Address: 2812 W 47TH AVE
City-St-Zip: KANSAS CITY, KS 66103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY VALENTA

S/T

03/06/2009

Electronic Signature of Signing Officer or Director

Date