

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15923 (6)

1. Corporation Name

CPI QUALIFIED PLAN CONSULTANTS, INC.



Principal Place of Business

Mailing Address

1400 POLK
P.O. BOX 1167
GREAT BEND KS 67530-8167

1400 POLK
P.O. BOX 1167
GREAT BEND KS 67530-8167

2. Principal Place of Business

21 1809 24th St.

22 P.O. Box 1167

23 Great Bend, KS

24 67530-1167

2a. Mailing Address

26 1809 24th St.

27 P.O. Box 1167

28 Great Bend KS

29 67530-1167

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
03/28/1995

4. FEI Number

48-0791370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACRANDER, GERALD R.
2431 ALOMA AVE.
SUITE 149
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
Gerald R. Macrander
82 Street Address (P.O. Box Number is Not Acceptable)
532 Cascade Circle, #108
83
84 City
Casselberry
85 Zip Code
FL 32707

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

Gerald R. Macrander

(NOTE: Registered Agent signature required when reinstating)

3/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEMA, ROBERT J.
STREET ADDRESS 3200 NORTH MAIN, #5
CITY-ST-ZIP GREAT BEND KS

TITLE ST
NAME DODSON-KERN, CAROLYN A
STREET ADDRESS RR 1 BOX 162A NA
CITY-ST-ZIP GREAT BEND KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Chief Executive Officer ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE President
32 NAME Cneely, Sheryl K.
33 STREET ADDRESS 2230 McKinley
34 CITY-ST-ZIP Great Bend KS 67530

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(3)(k), 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:

Carolyn A. Dodson-Kern, Sec/Treas 2-26-96 (316) 793-8473
SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext. 109

CR2E034 (12/95)