

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P25168

1. Entity Name
PERFORMANCE ABATEMENT SERVICES, INC.



Principal Place of Business
16400 COLLEGE BLVD
LENEXA, KS 66219 US

Mailing Address
16400 COLLEGE BLVD
STE. 200
LENEXA, KS 66219 US



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1552573	Applied For 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

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, 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	AS LAPHAM, DOUG D 16400 COLLEGE BLVD LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRYE, GLENN E 16400 COLLEGE BLVD LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CHARLES F 16400 COLLEGE BLVD LENEZA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CRAIG D 16400 COLLEGE BLVD LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAN PELT, NANCY 208 E WOODLAWN RD, STE. 200 CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/08-80051-025-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08

913-310-3394