2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P25168

Entity Name: PERFORMANCE ABATEMENT SERVICES, INC.

Current Principal Place of Business:

16400 COLLEGE BLVD
LENEXA, KS 66219 US

New Principal Place of Business:

Current Mailing Address:

16400 COLLEGE BLVD
STE. 200
LENEXA, KS 66219 US

New Mailing Address:

16400 COLLEGE BLVD
LENEXA, KS 66219 US

FEI Number: 56-1552573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: AS ( ) Delete
Name: LAPHAM, DOUG D
Address: 16400 COLLEGE BLVD
City-St-Zip: LENEXA, KS 66219

Title: P ( ) Delete
Name: FRYE, GLENN E
Address: 16400 COLLEGE BLVD
City-St-Zip: LENEXA, KS 66219

Title: S ( ) Delete
Name: WILLIAMS, CHARLES F
Address: 16400 COLLEGE BLVD
City-St-Zip: LENEZA, KS

Title: D ( ) Delete
Name: DAVIS, CRAIG D
Address: 16400 COLLEGE BLVD
City-St-Zip: LENEXA, KS 66219

Title: AS ( ) Delete
Name: VAN PELT, NANCY
Address: 208 E WOODLAWN RD, STE. 200
City-St-Zip: CHARLOTTE, NC 28217

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AS (X) Change ( ) Addition
Name: VAN PELT, NANCY
Address: 235 MARKET ST
City-St-Zip: CRAMERTON, NC 28032

Title: AS ( ) Change (X) Addition
Name: MCNAIR, SUZANNE
Address: 16400 COLLEGE BLVD
City-St-Zip: LENEXA, KS 66219

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: SUZANNE MCNAIR AS 03/30/2009

Electronic Signature of Signing Officer or Director Date