


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90048 021 ***158.75

DOCUMENT # P29637 1. Entity Name LDR INTERNATIONAL INC.					
Principal Place of Business 9175 GUILFORD ROAD COLUMBIA, MD 21046			Mailing Address P.O. BOX 412197 KANSAS CITY, MO 64141		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-0894579	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSPEDON, EDWARD 7252 ELMSBURY LANE WEST HILLS, CA 91307		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brian G. Pieplow 5137 Morningside Lane Ellicott City, MD 21043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISLER, BENJAMIN A 19845 NE 125TH PLACE WOODINVILLE, WA 98072		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brian Kipp Schrack 5237 Patriot Lane Columbia, MD 21045	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONALD, KEVIN R 9525 DEBRA SPRADLIN COURT BURKE, VA 22015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTTERMAN, EVAN C 9106 LYON PARK COURT BURKE, VA 22015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMONDO, F. CHRISTOPHER 616 W 58TH TERRACE KANSAS CITY, MO 64113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dimond F. Christopher 616 W 58th Terrace Kansas City, MO 64113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHUERING, MICHAEL E 1844 N WATERFIELD LANE BLUE SPRINGS, MO 64014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
SIGNATURE: <i>Michael E Schuring</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-27-04 (816) 472-1201 Date Daytime Phone #		