

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29909

1. Entity Name

THE MENNINGER CLINIC INCORPORATED

Principal Place of Business

5800 S.W. 6 AVENUE
TOPEKA KS 66606-9604

Mailing Address

P.O. BOX 829
TOPEKA KS 66601-0829

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1036688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FRICKE, HOWARD R
STREET ADDRESS 700 S.W. HARRISON STREET
CITY-ST-ZIP TOPEKA KS 66636-0001

TITLE T ☒ Delete
NAME WITTNBURG, J. MARK
STREET ADDRESS 4534 S.W. AUBURN ROAD
CITY-ST-ZIP TOPEKA KS 66610

TITLE P ☒ Delete
NAME MENNINGER, W. WALTER M.D.
STREET ADDRESS 1505 SW PLASS
CITY-ST-ZIP TOPEKA KS 66604

TITLE S ☒ Delete
NAME BURNAU, PATRICK M
STREET ADDRESS 410 S.W. DANBURY LANE
CITY-ST-ZIP TOPEKA KS 66606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Change ☒ Addition
NAME James P. Fox
STREET ADDRESS 5800 SW 6th Avenue
CITY-ST-ZIP Topeka, KS 66606

TITLE P ☐ Change ☒ Addition
NAME DAN Aitken
STREET ADDRESS 5800 SW 6th Avenue
CITY-ST-ZIP Topeka, KS 66606

TITLE D ☐ Change ☒ Addition
NAME John McKelvey
STREET ADDRESS 5800 SW 6th Avenue
CITY-ST-ZIP Topeka, KS 66606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Dan Aitken DAN AITKEN 2-15-02 785(360) 5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)