

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31140**  
1. Corporation Name

Corporate Network Brokerage Services, Inc.

Principal Place of Business: 7300 College Blvd., Ste. 500 Overland Park, KS 66210-1880  
Mailing Address: 7300 College Blvd., St500 Overland Park, KS 66210

2. Principal Place of Business	2a. Mailing Address
21 7300 College Blvd. Suite Apt. #, etc.	26 7300 College Blvd. Suite, Apt. #, etc.
22 Suite 500 City & State	27 Suite 500 City & State
23 Overland Park, KS Zip Country	28 Overland Park, KS Zip Country
24 66210-1880 25 U.S.	29 66210-1880 30 U.S.

3. Date Incorporated or Qualified 10/01/1990	3a. Date of Last Report 1995
4. FEI Number 48-1061875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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: n/a  
Signature (typed or printed name of registered agent and the date) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradford Nordholm	1.2 NAME	
STREET ADDRESS	11340 Rene	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lenexa, KS 66215	1.4 CITY-ST-ZIP	
TITLE	Vice Chairman <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall Deschenes	2.2 NAME	
STREET ADDRESS	298 Mojave Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Quivera, KS 66106	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Purvis	3.2 NAME	
STREET ADDRESS	10915 W. 120th Terrace	3.3 STREET ADDRESS	
CITY-ST-ZIP	Overland Park, KS 66213	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan Clark	4.2 NAME	
STREET ADDRESS	14927 Glenwood	4.3 STREET ADDRESS	
CITY-ST-ZIP	Overland Park, KS 66223	4.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Hague	5.2 NAME	
STREET ADDRESS	12709 W. 100th Terrace	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lenexa, KS 66215	5.4 CITY-ST-ZIP	
TITLE	Asst. Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Dyhouse	6.2 NAME	
STREET ADDRESS	4009 NE 59th Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Gladstone, MO 64119	6.4 CITY-ST-ZIP	

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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: Brian Hague, Vice President 4/30/96 (913)661-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone

CR2E034 (12/95)