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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P31140** (7)  
1. Corporation Name  
**CORPORATE NETWORK BROKERAGE SERVICES, INC.**



Principal Place of Business Mailing Address  
**7300 COLLEGE BLVD.**  
**SUITE 500**  
**OVERLAND PARK KS 66210-1880**  
**US**

3. Date Incorporated or Qualified **10/01/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Suite 650</b> City & State 23 Zip <b>66210-4032</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 650</b> City & State 28 Zip <b>66210-4032</b>	4. FEI Number <b>48-1061875</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAR NORDHOLM, BRADFORD</b> <b>11340 RENE DR</b> <b>LENEXA KS 66215</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11300 Brookwood</b> <b>Leawood, KS 66211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/CH DESCHENES, RANDALL</b> <b>298 MOJAVE WAY</b> <b>LAKE QUIVERA KS 66108</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PURVIS, CHUCK</b> <b>10915 W. 120TH TERRACE</b> <b>OVERLAND PARK KS 66213</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CLARK, BRYAN</b> <b>14927 GLENWOOD</b> <b>OVERLAND PARK KS 66223</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/M</b> <b>Golden, Stephen</b> <b>12337 Maple</b> <b>Overland Park, KS 66209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HAGUE, BRIAN</b> <b>12709 W. 100TH TERRACE</b> <b>LENEXA KS 66215</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/T DYHOUSE, HENRY</b> <b>4000 NE 59TH STREET</b> <b>GLADSTONE MO 64119</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>M</b> <b>Harmon, Larry</b> <b>4579 Walnut</b> <b>Kansas City, MO 64111</b>

14. I do 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 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: *[Signature]* **Larry Harmon, Managing Director** 4/17/97 (913) 661-5300

CR2E034 (9/96)