

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90188 024 ***150.00

DOCUMENT # P36278

1. Corporation Name

CCL CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

4400 COLLEGE BLVD., SUITE 150
OVERLAND PARK KS 66211

Mailing Address

4400 COLLEGE BLVD., SUITE 150
OVERLAND PARK KS 66211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1991

4. FEI Number
48-1022417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7219 Metcalf

Suite, Apt. #, etc.

22 #202

City & State

23 Overland Park KS

Zip

24 66204

Country

2a. Mailing Address

26 7219 Metcalf

Suite, Apt. #, etc.

27 #202

City & State

28 Overland Park KS

Zip

29 66204

Country

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

Signature, typed or printed name of registered agent and title is required.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
LEFFEL, RUSSEL C
STREET ADDRESS 5825 OVERHILL RD
CITY-ST-ZIP MISSION HILLS KS

TITLE ☐ DELETE

NAME VP
DEVANEY, JOHN M
STREET ADDRESS 9805 WEST 100TH TERRACE
CITY-ST-ZIP OVERLAND PARK KS

TITLE ☐ DELETE

NAME PD
CALLAHAN, MICHAEL T
STREET ADDRESS 9011 DELMAR
CITY-ST-ZIP PRAIRIE VILLAGE KS

TITLE ☐ DELETE

NAME CD
CALLAHAN, HARRY L
STREET ADDRESS 3216 W 83RD TERR
CITY-ST-ZIP LEAWOOD KS

TITLE ☐ DELETE

NAME VP
LOVELL, WALTER H.
STREET ADDRESS 9643 W 116TH CIRCLE
CITY-ST-ZIP OVERLAND PARK KS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)