

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90067 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000023349

1. Entity Name

LTAB INTERNATIONAL, INCORPORATED



Principal Place of Business

15700 COLLEGE BLVD

#101

LENEXA KS 66219

US

Mailing Address

15700 COLLEGE BLVD

#101

LENEXA KS 66219

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0412260

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHRENS, GREGG

210 MCLEAN POINTE WEST

WINTER HAVEN FL 33884-4135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GEIDEN, MATT W.F.
STREET ADDRESS 28 AVE. LAVOISIER
CITY-ST-ZIP B-1300 WAVRE, BELGIUM

Delete

TITLE VP
NAME KOEHLER, DIRK
STREET ADDRESS PILLAUER STR. 2
CITY-ST-ZIP NEERMOOR, GERMANY 26802

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. GEIDEN

JAN. 17, 2003

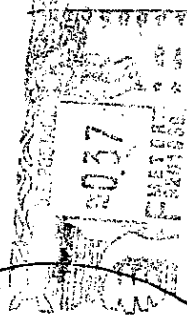
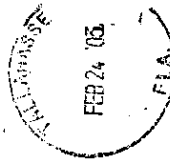
913/227-0578
Date Daytime Phone #

CH2E034 (10/02)

Attachment
90041593
P93000023349



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



66219+1473 13

