

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002082

Entity Name: PARK UNIVERSITY ENTERPRISES, INC.**Current Principal Place of Business:**5700 BROADMOOR ST
STE. 300
MISSION, KS 66202**Current Mailing Address:**5700 BROADMOOR ST
STE. 300
MISSION, KS 66202**FEI Number:** 43-1830400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name SIMONITSCH, JUDY
Address 8700 N.W. RIVER PARK DRIVE
City-State-Zip: PARKVILLE MO 64152-4358

Title D, VP
Name WAGES, GARY D
Address 8700 N.W. RIVER PARK DRIVE
City-State-Zip: PARKVILLE MO 64152-4358

Title CFO
Name ANDERSON, JAMES R
Address 5700 BROADMOOR ST SUITE 300
City-State-Zip: MISSION KS 66202

Title DIRECTOR
Name MCRUER, SCOTT
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795

Title T
Name WATKINS, DORLA D
Address 8700 N.W. RIVER PARK DRIVE
City-State-Zip: PARKVILLE MO 64152-4358

Title CEO, PRESIDENT
Name HAYS, MICHAEL B
Address 5700 BROADMOOR ST SUITE 300
City-State-Zip: MISSION KS 66202

Title DIRECTOR
Name RUIZ, EUGENE
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795

Title DIRECTOR
Name WADE, ERIC
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R. ANDERSON

CFO

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name GRIER, KATHY
Address 5700 BROADMOOR ST
STE. 300
City-State-Zip: MISSION KS 66202

Title ASST. TREASURER, ASST. SECRETARY
Name GAULT, PAUL H
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795

Title ASST. SECRETARY
Name HERSHEY, ROGER
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795

Title DIRECTOR
Name DROGE, MICHAEL H
Address 8700 NW RIVER PARK DR.
City-State-Zip: PARKVILLE MO 64152-3795