DOCUMENT# P30175

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

534 S. KANSAS AVE., SUITE 700 TOPEKA, KS 66603

Current Mailing Address:

534 S. KANSAS AVE., SUITE 700 TOPEKA, KS 66603

FEI Number: 48-0882363

Name and Address of Current Registered Agent:

RACHLIN & COHEN, CPA'S ATTN: RICHARD DRATH 1320 S DIXIE HWY, PENTHOUSE CORAL GABLES, FL 33146 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

Officer/Director Detail :

Title	VP	Title	TREASURER			
Name	GOODGER, TIMOTHY	Name	OWEN, BRADLEY			
Address	534 S. KANSAS AVE., SUITE 700	Address	534 S. KANSAS AVE., SUITE 700			
City-State-Zip:	TOPEKA KS 66603	City-State-Zip:	TOPEKA KS 66603			
Title	PRESIDENT	Title	SECRETARY			
Name	HILBERT, JAMES	Name	PHILLIPS, BRYAN			
Address	534 S. KANSAS AVE.,	Address	534 S KANSAS AVE., SUITE 700			
City-State-Zip:	SUITE 700 TOPEKA KS 66603	City-State-Zip:	TOPEKA KS 66603			
Title	VP	Title	VP			
Name	CASALE, CAROL	Name	CURTIS, BRET			
Address	534 S. KANSAS AVE., SUITE 700	Address	534 S. KANSAS AVE., SUITE 700			
City-State-Zip:		City-State-Zip:	TOPEKA KS 66603			
Title	VP	Title	VP			
Name	VF HITE, KENNETH	Name	PELTON, KEVIN			
Address	534 S. KANSAS AVE., SUITE 700	Address	534 S. KANSAS AVE., SUITE 700			
City-State-Zip:	TOPEKA KS 66603	City-State-Zip:	TOPEKA KS 66603			

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRADLEY OWEN	TREASURER	05/08/2019
Electronic Signature of Signing Officer/Director Detail		Date

Electronic Signature of Signing Officer/Director Detail

FILED May 08, 2019 Secretary of State 8626077604CC

Date

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	VP	Title	VP
Name	ODERMANN, AUDREY	Name	SPIKES, ANDREW
Address	534 S. KANSAS AVE., SUITE 700	Address	534 S. KANSAS AVE., SUITE 700
City-State-Zip:	TOPEKA KS 66603	City-State-Zip:	TOPEKA KS 66603