

Jason Kander Secretary of State

2013-2014 BIENNIAL REGISTRATION REPORT

BUSINESS

File Number: 201310881294
00104318
Date Filed: 04/18/2013
Jason Kander
Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 04/30/2013

00104318
GARNEY COMPANIES, INC.
InCorp Services, Inc.
2847 S. Ingram Mill Rd Ste A100
Springfield, MO 65804

RENEWAL MONTH:
January
 I OPT TO CHANGE THE CORPORATION'S
 RENEWAL MONTH TO _____ FOR A \$25.00 FEE.

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
1333 Northwest Vivion Road (Required)
 STREET
Kansas City, MO 64118
 CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST PRESIDENT AND SECRETARY BELOW)</u> A		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u> B	
PRES Mike Heitmann (Required)		NAME Robert Millwee (Required)	
STREET/RT 1333 Northwest Vivion Road		STREET/RT 1333 Northwest Vivion Road	
CITY/STATE/ZIP Kansas City, MO 64118		CITY/STATE/ZIP Kansas City, MO 64118	
V-PRES		NAME	
STREET/RT		STREET/RT	
CITY/STATE/ZIP		CITY/STATE/ZIP	
SEC'Y Stephen McCandless (Required)		NAME	
STREET/RT 1333 Northwest Vivion Road		STREET/RT	
CITY/STATE/ZIP Kansas City, MO 64118		CITY/STATE/ZIP	
TREAS Thomas J Dahl		NAME	
STREET/RT 1333 NW VIVION RD		STREET/RT	
CITY/STATE/ZIP KANSAS CITY, MO 64118		CITY/STATE/ZIP	
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Tom Roberts **(Required)**

Please print name and title of signer: Tom Roberts / Director - Financial Reporting
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$40.00 If filed on or before 4/30
 ___ \$55.00 If filed on or before 5/31
 ___ \$70.00 If filed on or before 6/30
 ___ \$85.00 If filed on or before 7/31
ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102