

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000118

Entity Name: GLMV ARCHITECTURE, INC.

FILED
Jan 25, 2012
Secretary of State

Current Principal Place of Business:

420 S. EMPORIA
WICHITA, KS 672024595

New Principal Place of Business:

1525 E DOUGLAS AVE
WICHITA, KS 67211

Current Mailing Address:

420 S. EMPORIA
WICHITA, KS 672024595

New Mailing Address:

1525 E DOUGLAS AVE
WICHITA, KS 67211

FEI Number: 48-0793813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCD
Name: LIVINGSTON, WILLIAM B
Address: 641 PRESTON TRAIL
City-St-Zip: WICHITA, KS 67230

Title: PPD
Name: MCCLUGGAGE, MARK D
Address: 16836 SW 220TH ST
City-St-Zip: DOUGLASS, KS 67039

Title: PCEO
Name: VAN SICKLE, JEFFREY T
Address: 7609 E FOSTER
City-St-Zip: WICHITA, KS 67206

Title: SVPS
Name: WOOTEN, CAROL E
Address: 2842 W. COLUMBINE LN
City-St-Zip: WICHITA, KS 67204

Title: SVP
Name: KANDT, MICHAEL E
Address: 5615 SULLIVAN RD
City-St-Zip: WICHITA, KS 67204

Title: VP
Name: WEIFORD, JEFFREY W
Address: 255 N WESTFIELD
City-St-Zip: WICHITA, KS 67212

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: CAROL E WOOTEN

SVP

01/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date