

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006251

Entity Name: ANSON RESEARCH, INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

5320 COLLEGE BLVD  
OVERLAND PARK, KS 66211 US

## Current Mailing Address:

5320 COLLEGE BLVD  
OVERLAND PARK, KS 66211 US

## New Principal Place of Business:

5360 COLLEGE BLVD  
SUITE 200  
OVERLAND PARK, KS 66211 US

## New Mailing Address:

5360 COLLEGE BLVD  
SUITE 200  
OVERLAND PARK, KS 66211 US

FEI Number: 59-3533075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: DIEGEL, TERRY  
Address: 21575 GREENWOOD DRIVE  
City-St-Zip: KILDEER, IL 60047 US

Title: VP ( ) Delete  
Name: LYONS, THOMAS D  
Address: 5320 COLLEGE BLVD  
City-St-Zip: OVERLAND PARK, KS 66211 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LYONS, THOMAS D  
Address: 5360 COLLEGE BLVD, SUITE 200  
City-St-Zip: OVERLAND PARK, KS 66211 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM LYONS

VP

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date