

## KANSAS SECRETARY OF STATE Information Report Kansas Professional Association

### INSTRUCTIONS FOR FILING AN INFORMATION REPORT

### SUBMIT THE DOCUMENTS WITHOUT THIS PAGE

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at <a href="https://www.sos.ks.gov/businesses/information-reports.html">https://www.sos.ks.gov/businesses/information-reports.html</a>.

How to complete the information report for a professional association:

Each of the numbered instructions below corresponds to a section on the form.

- List the business entity's ID number issued by the Kansas Secretary of State (this is not a tax ID number). ID numbers may be found by clicking on Business Entity Database at https://www. sos.ks.gov/eforms/BusinessEntity/Search.aspx.
- 2. Provide the complete legal business entity name, including words of formation (e.g., PA, Chartered., etc.)
- 3. Provide the principal office of the business entity.

Principal office: Must be a physical address that must include the building number, street, city, state, and zip code. This can't be a PO box

4. Provide the reporting year for the information report. This year must reflect the year the report was due.

For revivals and foreign applications only: Review the instructions for the revival or foreign application to determine the number of information reports needed.

- 5a. Each name of the officers of the professional association must be named along with a title for the officer and the address where they may be regularly located.
- 5b. Provide each name of the directors for for-profit professional associations or members of the governing body for not-for-profit professional associations along with the address where they may be regularly located. The directors may be omitted if the officers are the same individuals.
- 5c. If the professional association issues shares, provide the names of each shareholder or if the professional association doesn't issue shares, provide the name of each member along with the address of each.
- 6. Indicate if each person is a qualified person pursuant to K.S.A. 17-2707 for the named individuals in section 5a, 5b, or 5c. If any of the individuals named aren't qualified, a response must be provided in section 7 and 8. If all individuals are qualified, review section 8 and provide a response if applicable.

- 7. Provide the name of each individual who isn't qualified as defined by K.S.A. 17-2707.
- Provide the beginning date that shares or memberships were held by an individual who isn't qualified as defined by K.S.A. 17-2707 and the name of the individual who held the shares or memberships.
- An authorized person on behalf of the entity must sign.

#### Fee Schedule

#### **Information Report**

The filing fee for the information report is as follows:

Not-for-profit professional association:

#### **Filing Online**

The information report may be filed directly online at https://www.sos.ks.gov/businesses/information-reports.html.

#### Mail to:

Kansas Secretary of State Memorial Hall, 1st Floor 120 SW 10th Avenue Topeka KS 66612

Only checks are accepted for payment. Make checks payable to the Kansas Secretary of State.





# KANSAS SECRETARY OF STATE Information Report Kansas Professional Association



Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@ks.gov sos.ks.gov

| 1.        | Business entity ID/file number:                                      |  |  |       |     |         |  |  |  |
|-----------|--|--|--|-------|-----|---------|--|--|--|
|           | Kansas Secretary of State issued file number.                        |  |  |       |     |         |  |  |  |
| • • • • • |  | T  |  |       |     |         |  |  |  |
| 2.        | Name of corporation:   |  |  |       |     |         |  |  |  |
|           | Must match name on record with Kansas Secretary of State. (Required) |  |  |       |     |         |  |  |  |
| <br>3.    | Principal office address:  | Street Address (A PO box is unacceptable.) |  |       |     |         |  |  |  |
|           | Must be a street, rural route or highway. A PO box is unacceptable.  |  |  |       |     |         |  |  |  |
|           |  | City                                       |  | State | Zip | Country |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           | Reporting year:  | Year                                       |  |       |     |         |  |  |  |
| 5a.       | Name, title, and address of each officer of corporation:             | Name Title                                 |  |       |     |         |  |  |  |
|           |  | The Thie                                   |  |       |     |         |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           | -  | Address                                    |  |       |     |         |  |  |  |
|           | Title and address  |  |  |       |     |         |  |  |  |
|           | required for each officer named.                                     | City                                       |  | State | Zip | Country |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           |  | Name                                       |  | Title |     |         |  |  |  |
|           |  | Address                                    |  |       |     |         |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           | Do not leave blank.  | City                                       |  | State | Zip | Country |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           |  | Name                                       |  | Title |     |         |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           |  | Address                                    |  |       |     |         |  |  |  |
|           |  |  |  |       |     |         |  |  |  |
|           | If additional space is needed, please provide attachment.            | City                                       |  | State | Zip | Country |  |  |  |
|           | p. 2.1.30 p. 0.1.30 allaoinioini                                     |  |  |       |     |         |  |  |  |
|           |  |  |  |       |     |         |  |  |  |

| 5b.   | Name and address of<br>each of the directors/<br>members of the<br>governing body:<br>Leave this question blank<br>if the directors/members<br>of the governing body<br>and officers are the | Name A   |       |      | Address                  |         |  |  |  |
|---|--|--|-------|------|--------------------------|---------|--|--|--|
|   |  | City   | State | e    | Zip                      | Country |  |  |  |
|   |  | Name Addre   |       |      | ess                      |         |  |  |  |
|   | same.  If additional space is needed, please provide attachment.   | City   | State | е    | Zip                      | Country |  |  |  |
|   | Name and address of each shareholder/ member:  | Name Addre   |       |      | ess                      |         |  |  |  |
|   | Leave this question<br>blank if the shareholders/<br>members and officers are<br>the same.   | City   | State | e    | Zip                      | Country |  |  |  |
|   |  | Name   | Addr  | ress | iss                      |         |  |  |  |
|   | If additional space is needed, please provide attachment.  | City   | State | е    | Zip                      | Country |  |  |  |
| <br>7.  | Yes (Complete 8, if applicable List each of the officers, directors/members of   | No (Complete 7 and 8, do not leave blank.)  Name  Name |       |      |                          |         |  |  |  |
| 7.  |  | Name   |       |      | Name                     |         |  |  |  |
|   |  |  |       |      |                          |         |  |  |  |
|   |  | Name   |       | Name |                          |         |  |  |  |
| 8.  | For the reporting year this information report covers, list the dates that any shares/memberships of the corporation were no longer owned by a qualified person                              | Date   | Name  |      |                          |         |  |  |  |
|   |  | Date   | Name  |      |                          |         |  |  |  |
|   | and the names of the shareholders/members:   | Date   | Name  |      |                          |         |  |  |  |
| 9. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. |  |  |       |      |                          |         |  |  |  |
| Sig   | Signature of Authorized Person (Required)  Title/Position (Required)   |  |       |      |                          |         |  |  |  |
| X Name of Signer (spinted or tuned)   |  |  |       |      |                          |         |  |  |  |
| Nar   | ne of Signer (printed or typed)  |  |       | Pho  | one Number (Not required | )       |  |  |  |
| _   |  |  |       |      |                          |         |  |  |  |