

Please
Do Not
Staple

AR
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KANSAS SECRETARY OF STATE
For-Profit Corporation
Annual Report
Instructions

Kansas Office of the Secretary of State:

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

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

| | |
|---|--|
| <input type="checkbox"/> Filing fee | The filing fee for the annual report is \$55 . If you are filing this annual report as part of a reinstatement due to forfeiture, you may owe a different fee (fees are listed with the reinstatement form). For more information, please call (785) 296-4564. |
| <input type="checkbox"/> Payment | Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks. |
| <input type="checkbox"/> Mailing address | This is the address where you would like to receive official mail from the Secretary of State's office. If your address has changed, check the box on the form, so that we may update our records with your new address. |
| <input type="checkbox"/> Due date | Annual reports are due on the 15th day of the fourth month following the tax closing month. EXAMPLE: If the tax closing month is December, the due date is April 15 of the following year. The annual report may be filed as early as January 1. |
| <input type="checkbox"/> Forfeiture date | If the annual report is not filed and the appropriate fee is not paid within 90 days following the due date, the business will be forfeited in Kansas. If the forfeited business wishes to return to active and good standing status, a reinstatement process is required and penalties will be assessed. EXAMPLE: If the tax closing month is December, the due date is April 15, and the forfeiture date is July 15. A business must file the annual report and pay the annual report fee on or before the forfeiture date to avoid forfeiture. |
| <input type="checkbox"/> Corrected annual report | If you wish to correct information that was erroneously provided on a previously filed annual report, you may file a Corrected Document form (form COR). Complete the form and attach a complete and correct new Annual Report (form AR) and submit with a \$55 filing fee. |
| <input type="checkbox"/> Additional information | If additional space is needed, please provide an attachment. |

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THIS SPACE FOR OFFICE USE ONLY.

1. Business entity ID # This is not the Federal Employer ID Number (FEIN).

2. Name of corporation Must match name on record with Kansas Secretary of State.

3. Mailing address
Address will be used to send official mail from the Secretary of State's Office.
Do not leave blank.

| | | | |
|----------------|-------|---------|---------|
| Attention Name | | Address | |
| City | State | Zip | Country |

Check this box if this is a new address. Our records will be updated **only** if this box is checked.

4. Principal office address
Must be a street, rural route, or highway. A P.O. box is unacceptable.

| | | | |
|----------------|-------|-----|---------|
| Street Address | | | |
| City | State | Zip | Country |

5. Tax closing date

| | |
|-------|------|
| Month | Year |
|-------|------|

6. State of incorporation

7. Name, title, and address of each officer of corporation
If additional space is needed, please provide attachment.
Do not leave blank.

| | | | |
|---------|-------|-------|---------|
| Name | | Title | |
| Address | | | |
| City | State | Zip | Country |
| Name | | Title | |
| Address | | | |
| City | State | Zip | Country |
| Name | | Title | |
| Address | | | |
| City | State | Zip | Country |

8. Name and address of each director of corporation

If additional space is needed, please provide attachment.

Leave this question blank if the directors and officers are the same.

| | | | |
|------|-------|---------|---------|
| Name | | Address | |
| City | State | Zip | Country |
| Name | | Address | |
| City | State | Zip | Country |
| Name | | Address | |
| City | State | Zip | Country |

9. Federal Employer Identification Number (FEIN)

10. What is the nature and kind of business in which corporation is engaged?

11. Total number of shares of capital stock issued

12a. Does this corporation hold more than 50% equity ownership in any other business entity that is filed with the Kansas Secretary of State?

Yes (Complete Question 12b.) No (Skip to Question 13.)

12b. Name and ID number of each business

Name and ID # should be provided exactly as filed with Kansas Secretary of State.

ID number is not Federal Employer ID Number (FEIN).

| | |
|----------------------|---------------------------|
| Business Entity Name | Business Entity ID Number |
| Business Entity Name | Business Entity ID Number |
| Business Entity Name | Business Entity ID Number |

13. Does this corporation own or lease land in Kansas that is suitable for use in agriculture?

This question does not apply to 1) tracts of land of fewer than 10 acres, 2) contiguous tracts of land that are fewer than 10 acres in aggregate, or 3) state-assessed railroad operating property.

Yes (Complete Attachment AG.) No

14. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Officer

X

Name of Signer (printed or typed)

Title/Position

Phone Number



KANSAS SECRETARY OF STATE
Annual Report Agricultural Attachment
 for Forms AR or NP

Complete this form **only** if the business entity owns or leases land suitable for agricultural use. **All information must be complete** or this document will **not** be accepted for filing.

1. Provide information on each lot, tract or parcel of agricultural land in Kansas owned or leased by corporation.

| Location of tract or lot | | | | | Was this tract acquired after July 1, 1981? | | Purpose for which land is owned or leased. | Indicate for each tract or parcel if the tract is ... | | | |
|--------------------------|---------|----------|-------|---------------------------------|---|----|--|---|-----------------------|-------------------------|--|
| County | Section | Township | Range | Number of acres in tract or lot | Yes | No | | Owned by corporation | Leased to corporation | Leased from corporation | If leased from corporation, indicate to whom leased. |
| | | | | | | | | | | | |

2. Total agricultural acres

Must be numeric values.
 "NA" or "-" is unacceptable.

| | |
|--|--|
| A. Total acres owned and operated | B. Total acres owned, operated, and irrigated |
| C. Total acres leased to the corporation | D. Total acres leased to the corporation and irrigated |
| E. Total acres leased from the corporation | F. Total acres leased from the corporation and irrigated |

3. Total number of stockholders

| |
|--|
| |
|--|

4. Value and location of agricultural and nonagricultural assets owned and controlled by corporation

Include all assets within and outside of Kansas.
 All lines must be complete.

| | |
|--|----------|
| Within Kansas - Agricultural | |
| Value | Location |
| Within Kansas - Nonagricultural | |
| Value | Location |
| Outside of Kansas - Agricultural | |
| Value | Location |
| Outside of Kansas - Nonagricultural | |
| Value | Location |