

**Contact:****Kansas Secretary of State, Ron Thornburgh**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@kssos.org  
www.kssos.org***Save time and money by filing your annual report online at [www.kssos.org](http://www.kssos.org)***

All information on your annual report must be complete and correct and the filing fee must accompany this report or it will not be accepted for filing.

- 1. **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.
- 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Annual reports received without the appropriate fee will not be accepted for filing. Please do not send cash.
- 3. **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.
- 4. **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.*
- 5. **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.*
- 6. **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.
- 7. **ADDITIONAL INFORMATION:** If additional space is needed, please provide an attachment.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.KSSOS.ORG](http://WWW.KSSOS.ORG). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

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KANSAS SECRETARY OF STATE  
**For-Profit Corporation  
Annual Report**

**CONTACT: Kansas Secretary of State, Ron Thornburgh**

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*Above space is for office use only.*



**INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions sheet before completing.*

<b>1. Business entity ID Number:</b> <i>This is not the Federal Employer ID Number (FEIN)</i>	
<b>2. Corporation name:</b> <i>Name must match the name on record with the Secretary of State</i>	
<b>3. Mailing address:</b> <i>This address will be used to send official mail from the Secretary of State's office</i>	<input type="checkbox"/> <b>Check this box if this is a new address. Our records will be updated ONLY if this box is checked.</b>  Address  City State Zip Country
<b>4. Principal office address:</b> <i>Must be a street, rural route or highway; a P.O. box is unacceptable</i>	Street Address  City State Zip Country
<b>5. Tax closing date:</b>	Month Year
<b>6. State of incorporation:</b>	
<b>7. List the names, titles and addresses of all officers of the corporation:</b> <i>Do not leave blank</i>  <i>If additional space is needed please provide an attachment</i>	1) Name Title Address City State Zip Country 2) Name Title Address City State Zip Country 3) Name Title Address City State Zip Country

**8. List the names and addresses of the board of directors of the corporation:**

*Do not leave blank*

*If additional space is needed please provide an attachment*

1)	_____				
	<i>Name</i>				
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
2)	_____				
	<i>Name</i>				
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
3)	_____				
	<i>Name</i>				
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>

**9. Federal Employer ID Number (FEIN):**

\_\_\_\_\_

**10. Nature and kind of business in which the 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. Please provide the name of the business(es) exactly as filed with the Kansas Secretary of State and include the Business Entity ID Number(s) assigned by the Secretary of State.**

*This is not the Federal Employer ID Number (FEIN)*

<i>Business entity name</i>	<i>Business entity ID number</i>
_____	_____
<i>Business entity name</i>	<i>Business entity ID number</i>
_____	_____
<i>Business entity name</i>	<i>Business entity ID number</i>
_____	_____

**\*If additional entities exist, please provide an attachment.**

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

**YES** \_\_\_\_\_ Complete attachment AG.



**NO** \_\_\_\_\_

*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
- 3) State-assessed railroad operating property

**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. Do not leave blank.**

_____	_____
<i>Signature of authorized officer</i>	<i>Date (month, day, year)</i>
_____	_____
<i>Name of signer (printed or typed)</i>	<i>Title/Position</i>
_____	
<i>Phone number</i>	



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

**1. Provide information on each lot, tract or parcel of agricultural land in Kansas that is owned or leased by the 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 the corporation	Leased to the corporation	Leased from the corporation	If leased from the corporation, indicate to whom leased

**2. Provide total agricultural acres for the following:** (must answer all lines with a numeric value; "NA" or "-" is unacceptable)

- a. Total acres owned and operated \_\_\_\_\_
- b. Total acres owned and 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. State the value of agricultural and nonagricultural assets that are owned and controlled by the corporation, both within and outside of Kansas, and where they are located:** (all lines must be completed)

Within Kansas	Agricultural	\$ _____ Value	_____	Where located
	Nonagricultural	\$ _____ Value	_____	Where located
Outside of Kansas	Agricultural	\$ _____ Value	_____	Where located
	Nonagricultural	\$ _____ Value	_____	Where located