

Please
Do Not
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KANSAS SECRETARY OF STATE
**Kansas Professional Corporation
Annual Report**

GENERAL FILING INSTRUCTIONS

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 annual report 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"/> Due date	The annual report shall be filed at the time prescribed by law for filing the annual Kansas tax return.
<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"/> Amending annual reports	If you wish to correct information that was erroneously provided on a previously filed annual report, file a completed Corrected Document form COR with a complete and correct new Annual Report form PA 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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Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

1. Business entity ID number

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

2. Name of corporation

Must match name on record with Kansas Secretary of State.

3. Tax closing date

Month

Year

4. Federal Employer ID Number (FEIN)
(Not required)

5. Total number of shares of capital stock issued

(17-2718(a)(3))

6a. Name, title, and address of each officer of corporation

If additional space is needed, please provide attachment.

Do not leave blank.
(17-2718(a)(1))

Name		Title		
Address				
City		State	Zip	Country
Name		Title		
Address				
City		State	Zip	Country
Name		Title		
Address				
City		State	Zip	Country

6b. Name and address of each member of board of directors of corporation

If additional space is needed, please provide attachment.
Do not leave blank.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

6c. Name and address of each shareholder

If additional space is needed, please provide attachment.
Do not leave blank.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

7a. Is each officer, director, and shareholder listed above a qualified person as defined by K.S.A. 17-2707? (17-2718(a)(2))

Only a qualified person may be a shareholder of a professional corporation (K.S.A. 17-2712). *Exception: A certified public accountant (K.S.A. 1-308).* No person may be a director or officer, other than the secretary, of a professional corporation unless that person is a shareholder (K.S.A. 17-2713).

Yes (Skip to 7c.) No (Proceed to 7b.)

7b. List those persons who are not qualified as defined by law.

7c. If any shares are owned by a nonqualified person, give the dates on which any shares were owned by a nonqualified person:

8. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. (17-2718(b))

Signature of Authorized Officer, or Any Two Directors, or Incorporator

X

Name of Signer (printed or typed)	Title/Position (Required)	Phone Number
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