

CRAR
APR/21/2002
8042 036001

MATT BLUNT, Secretary Of State 2002 ANNUAL REGISTRATION REPORT

CHECK #: 621
AMOUNT: 45.00

(Business)

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

THIS REPORT IS DUE BY: 4/15/2002

00483354
HYPERION GROUP, INC.

% REGISTERED AGENT, LTD.
2345 GRAND BLVD, SU 2800
KANSAS CITY MO 64108

RECEIVED

MAR 20 2002

Matt Blunt
SECRETARY OF STATE

OUR RECORDS SHOW YOUR FISCAL TAX YEAR AS:	
BEG. MONTH	END MONTH
01/01	12/31
1 INDICATE IF YOUR FISCAL TAX YEAR HAS CHANGED:	
BEG. MONTH	END MONTH

IMPORTANT NOTE: TO CHANGE REGISTERED AGENT OR OFFICE SHOWN DIRECTLY ABOVE, REQUEST FORM #59 FROM THE SECRETARY OF STATE. CHANGES MADE TO THIS FORM ARE NOT EFFECTIVE TO CHANGE THE REGISTERED AGENT OR OFFICE.

2	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:	STREET <u>7933 FOSTER</u>
		CITY/STATE/ZIP <u>OVERLAND PARK, KS 66204</u>

3	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE) OF OFFICERS: (MUST HAVE A PRESIDENT AND A SECRETARY; WILL ASSUME PRESIDENT IS ALSO SECRETARY, IF SECRETARY IS NOT LISTED.)	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE) OF BOARD OF DIRECTORS. (MUST HAVE ONE DIRECTOR. IF NOT LISTED, WILL ASSUME DIRECTORS ARE THE SAME AS OFFICERS.)
	PRES <u>BRENT A. DOANE</u>	NAME _____
	STREET/RT <u>6224 N. 107TH STREET</u>	STREET/RT _____
	CITY/STATE/ZIP <u>KANSAS CITY, KS 66109</u>	CITY/STATE/ZIP _____
	V-PRES _____	NAME _____
	STREET/RT _____	STREET/RT _____
	CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
	SECY <u>BRENT A. DOANE</u>	NAME _____
	STREET/RT <u>6224 N. 107TH STREET</u>	STREET/RT _____
	CITY/STATE/ZIP <u>KANSAS CITY, KS 66109</u>	CITY/STATE/ZIP _____
	TREAS _____	NAME _____
	STREET/RT _____	STREET/RT _____
	CITY/STATE/ZIP _____	CITY/STATE/ZIP _____

ATTACH NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS

4

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 57-5060 RSMo 1986

OFFICER SIGN HERE >>> *[Signature]*

Original signature of officer listed above required. Photocopy or stamped signature not acceptable.

5	ATTACHED IS THE REGISTRATION FEE OF:	***
	<input checked="" type="checkbox"/> \$45.00 If filed on or before due date	00483354
	<input type="checkbox"/> \$60.00 If within 30 days after due date	01 05102000
	<input type="checkbox"/> \$75.00 If within 60 days after due date	AG 08162000
	<input type="checkbox"/> \$90.00 If within 90 days after due date	AG 03232001
	Corporation will be administratively dissolved if report is not filed.	



CORPORATE E-MAIL ADDRESS (optional) _____
COMPLETE THE BOXES OR FORM WILL BE RETURNED
RETURN AND MAKE CHECK PAYABLE TO SECRETARY OF STATE
P.O. BOX 1366, JEFFERSON CITY, MO 65102