

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 034 ***150.00

DOCUMENT # 576321

1. Entity Name
BUTLER NATIONAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2772 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311
Mailing Address
2772 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-1829606
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISCHRUPP, JON C.
2772 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include CDV STEWART, CLARK D, PD FISCHRUPP, JON C, TD WAGONER, R. WARREN, AS FISCHRUPP, PEGGY E, S LEISURE, ROBERT E.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include 19920 W 161st Street Olathe, KS 66062, Ft. Lauderdale, FL 33311, 19920 W. 161st Street Olathe, KS 66062, Ft Lauderdale, FL 33311, CFO Stanley D. Nolind 19920 W. 161st Street Olathe, KS 66062.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley D. Nolind, CFO 4/27/01 (913)780-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)