

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 810031 (5)

1. Corporation Name
MASSMAN CONSTRUCTION CO

Principal Place of Business 8901 STATE LINE P.O. BOX 8458 KANAS CITY MISSOURI 64114	Mailing Address 8901 STATE LINE P.O. BOX 8458 KANAS CITY MISSOURI 64114-0458
---	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1954	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 44-0341360	Applied For <input type="checkbox"/> Not Applicable
22. City & State Kansas City, Missouri	27. City & State Kansas City, Missouri	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip 64114	28. Zip 64114	29. Country	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

81. Name
Corporation Service Company

82. Street Address (P.O. Box Number is Not Acceptable)
(SAME)

83. City

84. City
FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MASSMAN, H.J. IV	1.1 TITLE 000002138580	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8901 STATE LINE	CITY-ST-ZIP KANSAS CITY, MO 0 64114	1.2 NAME -04/10/97--01001--038	
		1.3 STREET ADDRESS ***173.75	
TITLE VPD	NAME SCHNOEBELEN, P.C.	2.1 TITLE Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8901 STATE LINE	CITY-ST-ZIP KANSAS CITY, MO 0 64114	2.2 NAME M.H. Schnoebelen	
		2.3 STREET ADDRESS 8901 State Line	
		2.4 CITY-ST-ZIP Kansas City, MO 64114	
TITLE VPD	NAME MARTIN, H.W.	3.1 TITLE Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8901 STATE LINE	CITY-ST-ZIP KANSAS CITY, MO 0 64114	3.2 NAME J.T. Kopp	
		3.3 STREET ADDRESS 8901 State Line	
		3.4 CITY-ST-ZIP Kansas City, MO 64114	
TITLE VPD	NAME JACOBSON, F.K.	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8901 STATE LINE	CITY-ST-ZIP KANSAS CITY, MO 0 64114	4.2 NAME P.C. Schnoebelen	
		4.3 STREET ADDRESS 8901 State Line	
		4.4 CITY-ST-ZIP Kansas City, MO 64114	
TITLE S	NAME H.W. MARTIN	5.1 TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8901 STATE LINE	CITY-ST-ZIP KANSAS CITY MO	5.2 NAME J.T. Kopp	
		5.3 STREET ADDRESS 8901 State Line	
		5.4 CITY-ST-ZIP Kansas City, MO 64114	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

cc 4/9

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. T. Kopp* **J. T. Kopp** 3/7/97 (816) 523-1000

CR2E034 (9/96)