

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*** CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842434 (3)
1. Corporation Name
SEAFIELD CAPITAL CORPORATION

Principal Place of Business: **2800 GRAND AVE. SUITE 500 KANSAS CITY MO 64111 US**
Mailing Address: ~~ONE PENN VALLEY PARK~~ **POST OFFICE BOX 410949 KANSAS CITY MO 64141**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/23/1979** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **43-1039532** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: **64108** Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN K. FITZWATER	1.2 NAME	
STREET ADDRESS	7402 EDGEWOOD BLVD.	1.3 STREET ADDRESS	SEE ATTACHED
CITY - ST - ZIP	SHAWNEE MISSION KS	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, W. THOMAS	2.2 NAME	
STREET ADDRESS	6400 INDIAN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, P. ANTHONY	3.2 NAME	
STREET ADDRESS	5820 HIGH DRIVE	3.3 STREET ADDRESS	PD
CITY - ST - ZIP	SHAWNEE MISSION KS	3.4 CITY - ST - ZIP	JACOBS, P. Anthony
TITLE	EVPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWARD, JAMES R.	4.2 NAME	
STREET ADDRESS	4915 W. 79TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PRAIRIE VILLAGE KS	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, LINDA K.	5.2 NAME	
STREET ADDRESS	19005 BROADMOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	STILLWELL KS	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Steven K. Fitzwater 4-28-95 (816) 842-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature Phone #)

842434

SEAFIELD CAPITAL CORPORATION

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Lan C. Bentsen	6218 Willer's Way Houston, TX 77057
John C. Gamble	2017 Ocean Way Laguna Beach, CA 92651
W. Thomas Grant, II	6400 Indian Lane Shawnee Mission, KS 66208
Michael E. Herman	6201 Ward Parkway Kansas City, MO 64113
P. Anthony Jacobs	3101 Old Pecos Trail Santa Fe, NM 87505
Dennis R. Stephen	105 Cayce Valley Dr. Columbia, TN 38401
David W. Kemper	7 Warridge Ladue, MO 63124
John H. Robinson, Jr.	6504 High Drive Shawnee Mission, KS 66208
James R. Seward	4915 W. 79th Street Prairie Village, KS 66208
W.D. Grant	5821 Brookbank Shawnee Mission, KS 66208