

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **842434** (3)

1. Corporation Name
SEAFIELD CAPITAL CORPORATION



Principal Place of Business: **2600 GRAND AVE. SUITE 500 KANSAS CITY MO 64108 US**
Mailing Address: **PO BOX 410949 POST OFFICE BOX 410949 KANSAS CITY MO 64141 US**

3. Date Incorporated or Qualified: **01/23/1979**
3a. Date of Last Report: **05/01/1995**
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 24 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
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	STEVEN K. FITZWATER	
STREET ADDRESS	7402 EDGEWOOD BLVD.	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRANT, W. THOMAS	
STREET ADDRESS	6400 INDIAN LANE	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBS, P. ANTHONY	
STREET ADDRESS	3101 OLD PECOS TRAIL	
CITY-ST-ZIP	SANTA FE NM	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SEWARD, JAMES R.	
STREET ADDRESS	4915 W. 79TH STREET	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCCOY, LINDA K.	
STREET ADDRESS	19985 BROADMOOR	
CITY-ST-ZIP	STILLWELL KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEMPER, DAVID W	
STREET ADDRESS	7 WARRIDGE	
CITY-ST-ZIP	LADUE MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Date

Daytime Phone #

CR2E034 (12/95)