FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845457** **(1)**

1. Corporation Name
BUCON, INC.

Principal Place of Business	Mailing Address
BMA TOWER, PENN VALLEY PARK P.O. BOX 419917 KANSAS CITY MO 64141-7917	BMA TOWER, PENN VALLEY PARK P.O. BOX 419917 KANSAS CITY MO 64141-7917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/11/1980**
3a. Date of Last Report: **05/01/1994**

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):

4. FEI Number: **43-0949971** ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	PRATT, DONALD H	1.2 NAME	WEST, ROBERT H.
STREET ADDRESS	433 WARD PARKWAY	1.3 STREET ADDRESS	2736 VERONA TERRACE
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	MISSION HILLS, KS 66208
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, JOHN J.	2.2 NAME	
STREET ADDRESS	11700 W. 101ST TERRAC4E	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, JOHN J.	3.2 NAME	
STREET ADDRESS	11700 W. 101ST TERRAC4E	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	HUEY, JOHN W	4.2 NAME	
STREET ADDRESS	10905 W. 175TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLATHE, KS 6	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BALLENTINE, RICHARD O	5.2 NAME	
STREET ADDRESS	6101 REINHARDT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION, KS6	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSMEYER, WILLIAM L.	6.2 NAME	
STREET ADDRESS	13824 HEMLOCK	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	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: John Holland 4/25/95 816-968-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0477/187 FF