FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # **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 64141-6917

3. Date Incorporated or Qualified: 03/11/1980
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 641410917
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29: 64141-0917
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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PRATT, DONALD H		1.2 NAME		
STREET ADDRESS	433 WARD PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		1.4 CITY-ST-ZIP	Zip: 64112	
TITLE	T	☐ DELETE	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	Zip: 66214	
TITLE	V	☐ DELETE	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	Zip: 66214	
TITLE	AS	☐ DELETE	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	Zip: 66062	
TITLE	SD	☐ DELETE	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	Zip: 66205	
TITLE	P	☐ DELETE	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	Zip: 66223	

CR2E034 (9/96)

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: John Holland 4/18/97 816-968-3255

ADDITIONAL DIRECTOR NOT ON ANNUAL REPORT FORM
BUCON, Inc.
845457

Director:

Robert H. West 2736 Verona Terrace, Mission Hills, KS 66208