2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90097 042 ***150.00

DOCUMENT # 845457

1. Entity Name

BUCON, INC.

Principal Place of Business	Mailing Address
6601 EXECUTIVE DRIVE KANSAS CITY MO 64120 US	BMA TOWER, PENN VALLEY PARK P.O. BOX 419917 KANSAS CITY MO 64141-6917 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-0949971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRATT, DONALD 433 WARD PARKWAY KANSAS CITY MO 64112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLAND, JOHN J 26602 W GREENTREE CT OLATHE KS 66061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLLAND, JOHN J 26602 W GREENTREE CT OLATHE KS 66061	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MILLER, LARRY C. 8301 OUTLOOK LANE OVERLAND PARK KS 66206 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUEY, JOHN W 10905 W. 175TH TERRACE OLATHE KS 66062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALLENTINE, RICHARD O 6101 REINHARDT DRIVE SHAWNEE MISSION KS 66205	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAASE, PHILLIP J. 3404 W. 93rd STREET LEAWOOD KS 66206 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSMEYER, WILLIAM L 13824 HEMLOCK OVERLAND PARK KS 66223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Larry C. Miller 4/6/2000 816-968-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #