2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am DOCUMENT # 845457 1. Entity Name 05-05-2002 90033 003 ***150.00 BUCON, INC. Principal Place of Business Mailing Address 6601 EXECUTIVE DRIVE BMA TOWER. PENN VALLEY PARK B0082298 KANSAS CITY MO 64120 P.O. BOX 419917 KANSAS CITY MO 64141-0917 2. Principal Place of Business 3. Mailing Address PO Box 419917 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Kansas City, MO 43-0949971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 64141-6917 USA Fee Required 6. Name and Address of Current Registered Agent -1.7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE D CR2E034 (9/01) X Addition Change NAME PRATT, DONALD NAME Rutledge, Ronald E. STREET ADDRESS 433 WARD PARKWAY STREET ADDRESS 9204 N. Brooklyn Avenue CITY-ST-ZIP KANSAS CITY MO 64112 CITY-ST-ZIP Kansas_City, MO 64155 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HOLLAND, JOHN J STREET ADDRESS STREET ADDRESS 26602 W GREENTREE CT CITY-ST-ZIF OLATHE KS 66061 CITY-ST-ZIE TITLE ∹ ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLER, LARRY C NAME STREET ADDRESS 8301 OUTLOOK LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVERLOOK PARK KS 66206 TITLE ☐ Delete SD ☐ Change ☐ Addition MAME HUEY, JOHN W NAME STREET ADDRESS STREET ADDRESS 10905 W. 175TH TERRACE CITY-ST-ZIP **OLATHE KS 66062** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HAASE, PHILLIP J STREET ADDRESS STREET ADDRESS 3404 W 93RD ST CITY-ST-ZIP CITY-ST-ZIP LEAWOOD KS 66206 TITLE ☐ Delete TITLE Change Addition NAME JOHNSMEYER, WILLIAM L STREET ADDRESS 13824 HEMLOCK STREET ADDRESS

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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered

CITY-ST-ZIP

SIGNATURE:

OVERLAND PARK KS 66223

CITY-ST-ZIP

____arry C. Miller 2 = (.) PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002

816-968-3000

Daytime Phone #

FILED