2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90123 042 ***150.00

DOCUMENT # 845457

1. Entity Name
BUCON, INC.

Principal Place of Business	Mailing Address
6601 EXECUTIVE DRIVE KANSAS CITY, MO 64120 US	P.O. BOX 419917 KANSAS CITY, MO 64141-0917 US

02012006 Chg-P CR2E034 (11/05)

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

CT CORPORATION.SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOCKRIDGE, LANCE 5 ISLAND RD PORT REMBLA NSW, AU 2505	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LANCE HOCKRIDGE 222 W. LAS Colinas Blvd. STE. 1220 IRVING, TX 75039	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINAN, PATRICK 222 W LAS COLINAS BLVD STE 1220 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ADAM NEWMAN 1540 GENESSEE STREET KANSAS City, MO 64102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, JAN 6601 EXECUTIVE DR KANSAS CITY, MO 64120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR JAN LEWIS 1540 GENESSEE STREET KANSAS City, MO 64102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRIST, LINDA 6601 EXECUTIVE DR KANSAS CITY, MO 64120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / SECRETARY LINDA CRIST 1540 GENESSEE STREET KANSAS City, MO 64102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROTH, MATTHEW 1540 GENESSEE KANSAS CITY, MO 64102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY MATTHEW ROTH 222 W. LAS Colinas Blvd. STE. 1220 IRVING, TX 75039	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SCHNEIDER, NANKA 1540 GENESSEE KANSAS CITY, MO 64102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / ASSISTANT TREASURER JAY SIGMAN 1540 GENESSEE STREET KANSAS City, MO 64102	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MATTHEW ROTH 2/17/2006 (972)373-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #