


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90041 044 ***150.00

0630043

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000003530

1. Corporation Name
BHA GROUP, INC.

Principal Place of Business 8800 EAST 63RD ST. KANSAS CITY MO 64133	Mailing Address 8800 EAST 63RD ST. KANSAS CITY MO 64133
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/08/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 22-2968559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET - SUITE 300.
NORTH MIAMI BEACH FL 33162
920 SOUTH DADELAND BLVD - SUITE 508
MIAMI, FL. 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUND, JAMES E	
STREET ADDRESS	8800 EAST 63RD ST.	
CITY-ST-ZIP	KANSAS CITY MO 64133	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	THOME, JAMES J	
STREET ADDRESS	8800 EAST 63RD ST.	
CITY-ST-ZIP	KANSAS CITY MO 64133	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KING, JAMES C	
STREET ADDRESS	8800 EAST 63RD ST.	
CITY-ST-ZIP	KANSAS CITY MO 64133	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	SHAY, JAMES C	
STREET ADDRESS	8800 EAST 63RD ST.	
CITY-ST-ZIP	KANSAS CITY MO 64133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	* SEE ATTACHED FOR CHANGES
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **4/27/99** **816-356-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

BHA Group, Inc.

545376-90041-44

Doc# F97 000003530

Officers

<i>Name</i>	<i>Title</i>	<i>Address</i>
James E. Lund	President & Chief Executive Officer	4108 West 123rd Street, Leawood, Kansas 66209
James J. Thome	Executive Vice President	11400 West 149th Street, Overland Park, Kansas 66221
Mike T. Zak	Vice President	12904 Woodson, Overland Park, Kansas 66209
James C. Shay	Treasurer/Secretary	623 West 69th Terrace, Kansas City, Missouri 64113

Directors

James E. Lund	Director	8800 East 63rd Street, Kansas City, Missouri 64133
James J. Thome	Director	8800 East 63rd Street, Kansas City, Missouri 64133