

1. Entity Name
BHA GROUP, INC.

Principal Place of Business Mailing Address
8800 EAST 63RD ST. 8800 EAST 63RD ST.
KANSAS CITY MO 64133 KANSAS CITY MO 64133-4801

AU038441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 22-2968559 Applied For
Not Applicable

Zip Country Zip Country

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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

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	PD	<input type="checkbox"/> Delete
NAME	LUND, JAMES E	
STREET ADDRESS	4108 W 123RD ST	
CITY-ST-ZIP	LEAWOOD KS 66209	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	THOME, JAMES J	
STREET ADDRESS	11400 W 149TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAK4, MIKE T	
STREET ADDRESS	12904 WOODSON	
CITY-ST-ZIP	OVERLAND PARK KS 66209	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SHAY, JAMES C	
STREET ADDRESS	623 W 69TH TERR.	
CITY-ST-ZIP	KANSAS CITY MO 64113	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUND, JAMES E	
STREET ADDRESS	8800 E 63RD ST	
CITY-ST-ZIP	KANSAS CITY MO 64113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

* SEE ATTACHED FOR CHANGES

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 816-356-8900
Date Daytime Phone #

CR2E034 (9/99)