

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2002 8:00 am**
Secretary of State

05-07-2002 90369 018 ****61.25

DOCUMENT # F99000004877

1. Entity Name

FEDERATED RURAL ELECTRIC MANAGEMENT CORP.

Principal Place of Business

Mailing Address

**11875 WEST 85TH STREET
LENEXA KS 66214****11875 WEST 85TH STREET
LENEXA KS 66214**

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

48-1219966

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☒ Delete
NAME **SENG, TOM**
STREET ADDRESS **1129 N. CREEKVIEW DR.**
CITY-ST-ZIP **GREENFIELD IN 46140-8090**TITLE **D** ☐ Change ☒ Addition
NAME **Steven John Rood**
STREET ADDRESS **307 Mustang Drive**
CITY-ST-ZIP **Murdo, SD 57559**TITLE **PCEO** ☐ Delete
NAME **FRAAS, FRANK**
STREET ADDRESS **12924 BRIAR DR.**
CITY-ST-ZIP **LEAWOOD KS 66209**TITLE **D** ☐ Change ☒ Addition
NAME **Dale Edward Beiselman**
STREET ADDRESS **47 Penn Place**
CITY-ST-ZIP **Zionsville, IN 46077**TITLE **V** ☐ Delete
NAME **IRWIN, PHILIP D**
STREET ADDRESS **15305 W. 123RD STREET**
CITY-ST-ZIP **OLATHE KS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **OLANDER, SUSAN M**
STREET ADDRESS **115 SOUTH FORK**
CITY-ST-ZIP **LANSING KS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02**(913) 541-0150**

CR2E037 (9/01)