

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91624 030 \*\*\*550.00

**DOCUMENT # F99000006567**

1. Entity Name  
**PAR ELECTRICAL CONTRACTORS, INC.**

Principal Place of Business <b>1440 IRON STREET                  P.O. BOX 12520                  NORTH KANSAS CITY MO 64116</b>	Mailing Address <b>1440 IRON STREET                  P.O. BOX 12520                  NORTH KANSAS CITY MO 64116</b>
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2. Principal Place of Business <b>4770 N. Belleview Avenue</b>	3. Mailing Address <b>4770 N. Belleview Avenue</b>
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Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite-300</b>
City & State <b>Kansas City, Missouri</b>	City & State <b>Kansas City, Missouri</b>

Zip <b>64116-2188</b>	Country <b>Clay</b>	Zip <b>64116-2188</b>	Country <b>Clay</b>	4. FEI Number <b>44-0591890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired				<b>\$8.75</b>	Additional Fee Required

6. Name and Address of Current Registered Agent <b>CAPITOL CORPORATE SERVICES, INC.                  1333 N. DUVAL ST.                  TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILSON, JOHN R 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Wilson, John R. 4770 N. Belleview Avenue, Suite 300 Kansas City, Missouri 64116-2188</b> Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MURRAY, MIKE 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Murray, Mike 4770 N. Belleview Avenue, Suite 300 Kansas City, Missouri 64116-2188</b> Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP SHIFLETT, TOM F 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP Shiflett, Tom F. 4770 N. Belleview Avenue, Suite 300 Kansas City, Missouri 64116-2188</b> Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT MORGAN, STEVEN J 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Norman, Rebecca 4770 N. Belleview Avenue, Suite 300 Kansas City, Missouri 64116-2188</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SOULE, RONALD W 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SOULE, TIMOTHY A 1440 IRON STREET NORTH KANSAS CITY MO 64116</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rebecca Norman** **REQUIRED** Rebecca Norman, Asst. Secy. 5-6-02 816-474-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)