

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P23200 (9)**  
1. Corporation Name  
**SEGA, INC. OF KANSAS**



Principal Place of Business: 15238 BROADMOOR, P O BOX 23158, OVERLAND PARK KS 66223-0137  
Mailing Address: 15238 BROADMOOR, P O BOX 23158, OVERLAND PARK KS 66223-0137

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Subst. Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/01/1989  
3a. Date of Last Report: 04/19/1995  
4. FEI Number: 43-0981939  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.0612 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 will be provided 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 607.0202, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC NAME: CAVANAH, GARY L. STREET ADDRESS: 6500 WEST 167TH CITY, ST, ZIP: STILWELL KS	<input type="checkbox"/> DELETE	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: GRUBAUGH, TIMOTHY L. STREET ADDRESS: 16018 MEADOW LANE CITY, ST, ZIP: STILWELL KS	<input type="checkbox"/> DELETE	2. TITLE: 3. NAME: 4. STREET ADDRESS: 5. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MEADE, DANNY J. STREET ADDRESS: 10302 W 76TH #203 CITY, ST, ZIP: SHAWNEE KS	<input checked="" type="checkbox"/> DELETE	3. TITLE: 4. NAME: 5. STREET ADDRESS: 6. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SANDS, RICHARD D. STREET ADDRESS: 11330 PENNSYLVANIA CITY, ST, ZIP: KANSAS CITY MO	<input type="checkbox"/> DELETE	4. TITLE: 5. NAME: 6. STREET ADDRESS: 7. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DENNIS, JUDITH A. STREET ADDRESS: 7040 W 151 ST. CITY, ST, ZIP: OVERLAND PARK KS	<input type="checkbox"/> DELETE	5. TITLE: 6. NAME: 7. STREET ADDRESS: 8. CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CRAIG, JOANNE STREET ADDRESS: 25495 WEST 135TH ST. CITY, ST, ZIP: OLATHE KS	<input type="checkbox"/> DELETE	6. TITLE: 7. NAME: 8. STREET ADDRESS: 9. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by me to the Florida Department of State is true and correct and that I am qualified to execute the report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 the 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.

SIGNATURE: *Joanne L. Craig* JOANNE L. CRAIG CFO/TREASURER 4/12/96 (913) 681-2881

CR2E034 (12/95)

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SEGA, INC.  
P.O. BOX 23158  
OVERLAND PARK, KS 66223-3137

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**ITEM 6 - ADDITIONAL DIRECTOR**

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY &amp; STATE</u>
VD	BROWN, JOHN W. JR.	1801 DRUMM AVENUE	INDEPENDENCE, MO
VD	STANLEY, HAROLD R.	3631 SW WINDSONG DR	LEE'S SUMMIT, MO