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**Apr 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified **03/01/1989** 3a. Date of Last Report **04/19/1996**  
4. FEI Number **43-0981939** Applied For Not Applicable  
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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **16041 FOSTER** 26 **P.O. BOX 23158**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **OVERLAND PARK, KS** **OVERLAND PARK, KS.**  
Zip Country Zip Country  
24 **66223** 25 **JOHNSON** 29 **66223** 30 **JOHNSON**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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	PCD	<input type="checkbox"/> DELETE
NAME	CAVANAHA, GARY L.	
STREET ADDRESS	6500 WEST 167TH	
CITY-ST-ZIP	STILWELL KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRUBAUGH, TIMMOTHY L.	
STREET ADDRESS	16018 MEADOW LANE	
CITY-ST-ZIP	STILWELL KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANDS, RICHARD D.	
STREET ADDRESS	11330 PENNSYLVANIA	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENNIS, JUDITH A.	
STREET ADDRESS	7040 W 151 ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAIG, JOANNE	
STREET ADDRESS	25495 WEST 135TH ST.	
CITY-ST-ZIP	OLATHE KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VCD	<input checked="" 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		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	15913 MARTY LN	
4.4 CITY-ST-ZIP	STILWELL, KS. 66085	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN W. BROWN, JR.	
6.3 STREET ADDRESS	1801 DRUMM AVENUE	
6.4 CITY-ST-ZIP	INDEPENDENCE, MO. 64055	

14. I do 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.

SIGNATURE: *Joanne Dennis* **SIGNATURE REQUIRED** *4/15/97* *(913) 681-2881*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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

DOCUMENT #P23200  
1997 ANNUAL REPORT

ITEM 6 - ADDITIONAL DIRECTOR

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY &amp; STATE</u>
VD	STANLEY, HAROLD R.	3631 SW WINDSONG DR	LEE'S SUMMIT, MO