

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90172 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23200**  
 1. Corporation Name  
**SEGA, INC. OF KANSAS**



Principal Place of Business 16041 FOSTER P O BOX 23158 OVERLAND PARK KS 66223 US	Mailing Address PO BOX 23158 P O BOX 23158 OVERLAND PARK KS 66223 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16041 FOSTER Suite, Apt. #, etc. 22 City & State 23 STILWELL KS. Zip Country 24 66085 25 JOHNSON	2a. Mailing Address 26 P.O. BOX 1000 Suite, Apt. #, etc. 27 City & State 28 STILWELL KS. Zip Country 29 66085-1000 30 JOHNSON
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3. Date Incorporated or Qualified 03/01/1989	4. FEI Number 43-0981939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VCD	<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	PD	<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	15913 MARTY LANE	
CITY-ST-ZIP	STILWELL KS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAIG, JOANNE	
STREET ADDRESS	25495 WEST 135TH ST.	
CITY-ST-ZIP	OLATHE KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN JR, JOHN W	
STREET ADDRESS	1801 DRUMM AVE	
CITY-ST-ZIP	INDEPENDENCE MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	PCD <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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joanne Craig JOANNE CRAIG CFO/Treasurer 3/11/99 (913) 681-2881  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

Doc-P23200  
221001-90172-37

SEGA, INC.  
P.O. BOX 1000  
STILWELL, KANSAS 66085-1000

DOCUMENT #P23200  
1999 ANNUAL REPORT

ITEM 6 - ADDITIONAL DIRECTOR

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY &amp; STATE</u>
D	HATFIELD, JERRY G.	8413 HAWTHORNE	RAYTOWN, MO