

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90031 041 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P23200**

1. Entity Name  
**SEGA, INC. OF KANSAS**

Principal Place of Business      Mailing Address  
**16041 FOSTER**      **PO BOX 1000**  
**STILWELL KS 66085**      **STILWELL KS 66085-1000**  
**US**      **US**

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 **43-0981939**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE D Delete <input checked="" type="checkbox"/>	CAVANAH, GARY L. 6500 WEST 167TH STILWELL KS
TITLE VD Delete <input type="checkbox"/>	GRUBAUGH, TIMMOTHY L. 16018 MEADOW LANE STILWELL KS
TITLE PCD Delete <input type="checkbox"/>	SANDS, RICHARD D. 11330 PENNSYLVANIA KANSAS CITY MO
TITLE SD Delete <input type="checkbox"/>	DENNIS, JUDITH A. 15913 MARTY LANE STILWELL KS
TITLE TD Delete <input type="checkbox"/>	CRAIG, JOANNE 25495 WEST 135TH ST. OLATHE KS
TITLE VD Delete <input type="checkbox"/>	BROWN JR, JOHN W 1801 DRUMM AVE INDEPENDENCE MO

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	Kraatz, Kevin R. 23005 West 207th Springhill, KS
TITLE D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	Rogers, Chris R. 5452 West 153rd Terrace Leawood, KS
TITLE VD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	Grubaugh, Timothy L. 2816 West 48th Street Westwood, KS
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 Joanne L. Craig Joanne L. Craig VPI Treas. 4/12/01 (913) 681-2881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)