


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P23200**  
 1. Entity Name  
**SEGA, INC. OF KANSAS**



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

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 43-0981939      Not Applicable

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

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000116807  
 04/15/04-80073-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KRAATZ, KEVIN R
STREET ADDRESS	23005 WEST 207TH
CITY-ST-ZIP	SPRINGHILL, KS
TITLE	VD
NAME	SCHALLER, BRUCE J
STREET ADDRESS	10500 W. 149TH ST.
CITY-ST-ZIP	OVERLAND PARK, KS
TITLE	TD
NAME	CRAIG, JOANNE
STREET ADDRESS	25495 W. 135TH ST.
CITY-ST-ZIP	OLATHE, KS
TITLE	VD
NAME	CARBALLEIRA, JORGE
STREET ADDRESS	7315 W. 74TH ST
CITY-ST-ZIP	OVERLAND PARK, KS
TITLE	VD
NAME	ROGERS, CHRIS R
STREET ADDRESS	5452 W. 133RD TERR.
CITY-ST-ZIP	LEAWOOD, KS
TITLE	PVD
NAME	BROWN JR, JOHN W
STREET ADDRESS	17801 E. 30TH TERR CT. SO.
CITY-ST-ZIP	INDEPENDENCE, MO

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanna L. Craig* *Jeanne L. Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 13, 2004*      (913) 681-2881  
Date      Daytime Phone #