


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 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



02222005 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.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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, 2005 Fee will be \$550.00

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

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

DO NOT WRITE IN THIS SPACE

00000310254
 04/16/05-80069-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joanne Craig VPIC/TREASURER 4-12-05 (913) 681-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #