


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 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



02222006 No Chg-P CR2E034 (11/05)

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

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000472231
 03/29/06-80028-019 150.00

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. SD.
CITY-ST-ZIP	INDEPENDENCE, MO

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 VP/Gen Treasurer 3/10/06 (913) 681-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #