FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 27 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25820 (2)

1. Corporation Name
M W BUILDERS CONSTRUCTION COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11100 ASH 100 LEAWOOD KS 66211 US	11100 ASH 100 LEAWOOD KS 66211 US

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 43-0983084 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

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

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, THOMAS D.	1.2 NAME	
STREET ADDRESS	11721 BROOKWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HAWLEY, JOHN	2.2 NAME	
STREET ADDRESS	R R 3 BOX 316	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEAVENWORTH KS	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, STEVEN C.	3.2 NAME	
STREET ADDRESS	R R 2 BOX 31	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISBURG KS	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MCDERMOTT, WILLIAM F.	4.2 NAME	
STREET ADDRESS	15410 W. 92ND PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, SUE L.	5.2 NAME	
STREET ADDRESS	R R 2 BOX 30	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISBURG KS	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☒ Change ☐ Addition
NAME	BENTEEN, MICHAEL L	6.2 NAME	Vice President
STREET ADDRESS	2191 BROOKE FARM COURT	6.3 STREET ADDRESS	Patrick H. Thomas
CITY-ST-ZIP	DUNWOODY GA	6.4 CITY-ST-ZIP	4005 El Capitan, Temple, TX 76502

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William F. McDermott 3-15-95 913-469-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477761 FP