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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P25820** **(2)**

1. Corporation Name

M W BUILDERS CONSTRUCTION COMPANY

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: **03/27/1995**
4. FEI Number: **43-0983084**	Applied For / Not Applicable
5. Certificate of Status Desired	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	**$5.00** May Be Added to Fees

2. Principal Place of Business — 21: | 22: Suite, Apt. #, etc. | 23: City & State | 24: Zip | 25: Country

2a. Mailing Address — 26: | 27: Suite, Apt. #, etc. | 28: City & State | 29: Zip | 30: Country

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? [X] 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 Section 607.0502 or 617.0502, Florida Statutes, the entity named above 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	[ ] Change	[ ] Addition
NAME	SANDERS, THOMAS D.			
STREET ADDRESS	11721 BROOKWOOD			
CITY-ST-ZIP	LEAWOOD KS			
TITLE	V	[ ] DELETE	[ ] Change	[ ] Addition
NAME	HAWLEY, JOHN			
STREET ADDRESS	R R 3 BOX 316			
CITY-ST-ZIP	LEAVENWORTH KS			
TITLE	SDT	[ ] DELETE	[ ] Change	[ ] Addition
NAME	SANDERS, STEVEN C.			
STREET ADDRESS	R R 2 BOX 31			
CITY-ST-ZIP	LOUISBURG KS			
TITLE	V	[ ] DELETE	[ ] Change	[ ] Addition
NAME	MCDERMOTT, WILLIAM F.			
STREET ADDRESS	15410 W. 92ND PLACE			
CITY-ST-ZIP	LENEXA KS			
TITLE	D	[ ] DELETE	[ ] Change	[ ] Addition
NAME	SANDERS, SUE L.			
STREET ADDRESS	R R 2 BOX 30			
CITY-ST-ZIP	LOUISBURG KS			
TITLE	VP	[ ] DELETE	[ ] Change	[ ] Addition
NAME	THOMAS, PATRICK H			
STREET ADDRESS	4005 EL CAPITAN			
CITY-ST-ZIP	TEMPLE TX			

14. I do hereby certify that the information supplied with this report is true, accurate, and complete. Supplied information is subject to the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William F. McDermott** **3-22-96** **913-469-0101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)