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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P31646**

(3)

1. Corporation Name

THE AMERICAN COMPANIES, INC.



Principal Place of Business

P.O. BOX 2579
TOPEKA KS 66601

Mailing Address

P.O. BOX 2579
TOPEKA KS 66601-2579

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

10/25/1990

3a. Date of Last Report

07/15/1996

4. FEI Number

48-0667380

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ 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

Signature: type the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **TINDER, RICHARD H.**
CITY-ST-ZIP **2101 N. TOPEKA BLVD.
TOPEKA KS**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **CARLSON, JACK**
CITY-ST-ZIP **914 JEFFERSON
TOPEKA KA 66607**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BRAM, DANA D.**
CITY-ST-ZIP **2101 N. TOPEKA BLVD.
TOPEKA KS**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OSWALD, CHARLES**
CITY-ST-ZIP **2101 N. TOPEKA BLVD.
TOPEKA KS**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MICHENOR, WILLIAM**
CITY-ST-ZIP **2101 N. TOPEKA BLVD.
TOPEKA KS**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ZICARELLI, JIM**
CITY-ST-ZIP **1400 NORTHLAND PLAZA/3800 WEST 80TH
MINNEAPOLIS MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/97

CR2E034 (9/96)