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Apr 23 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 # P23200

(9)

1. Corporation Name

SEGA, INC. OF KANSAS

Principal Place of Business

15238 BROADMOOR
P O BOX 23158
OVERLAND PARK KS 66223-0137

Mailing Address

15238 BROADMOOR
P O BOX 23158
OVERLAND PARK KS 66223-0158



2. Principal Place of Business

21 16041 FOSTER

Suite, Apt. #, etc.

22

City & State

23 OVERLAND PARK, KS

Zip

24 66223

Country

25 JOHNSON

2a. Mailing Address

26 P.O. BOX 23158

Suite, Apt. #, etc.

27

City & State

28 OVERLAND PARK, KS.

Zip

29 66223

Country

30 JOHNSON

3. Date Incorporated or Qualified

03/01/1989

3a. Date of Last Report

04/19/1996

4. FEI Number

43-0981939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME CAVANAH, GARY L.
STREET ADDRESS 6500 WEST 167TH
CITY-ST-ZIP STILWELL KS

TITLE VD ☐ DELETE

NAME GRUBAUGH, TIMMOTHY L.
STREET ADDRESS 18018 MEADOW LANE
CITY-ST-ZIP STILWELL KS

TITLE VD ☐ DELETE

NAME SANDS, RICHARD D.
STREET ADDRESS 11330 PENNSYLVANIA
CITY-ST-ZIP KANSAS CITY MO

TITLE SD ☐ DELETE

NAME DENNIS, JUDITH A.
STREET ADDRESS 7040 W 151 ST.
CITY-ST-ZIP OVERLAND PARK KS

TITLE TD ☐ DELETE

NAME CRAIG, JOANNE
STREET ADDRESS 25495 WEST 135TH ST.
CITY-ST-ZIP OLATHE KS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

15913 MARTY LN
STILWELL, KS. 66085

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VD ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JOHN W. BROWN, JR.
1801 DRUMM AVENUE
INDEPENDENCE, MO. 64055

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: *Joanne Craig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (913) 681-2881
Date Daytime Phone #

CR2E034 (9/96)

SEGA, INC.
P.O. BOX 23158
OVERLAND PARK, KS 66223-3137

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ITEM 6 - ADDITIONAL DIRECTOR

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY & STATE</u>
VD	STANLEY, HAROLD R.	3631 SW WINDSONG DR	LEE'S SUMMIT, MO