


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P23200</b> 1. Entity Name <b>SEGA, INC. OF KANSAS</b>	
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Principal Place of Business <b>16041 FOSTER STILWELL, KS 66085 US</b>	Mailing Address <b>PO BOX 1000 STILWELL, KS 66085-1000 US</b>
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02222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-0981939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) 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

UN0000472231  
03/29/06-80028-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAATZ, KEVIN R 23005 WEST 207TH SPRINGHILL, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHALLER, BRUCE J 10500 W. 149TH ST. OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAIG, JOANNE 25495 W. 135TH ST. OLATHE, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARBALLEIRA, JORGE 7315 W. 74TH ST OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, CHRIS R 5452 W. 133RD TERR. LEAWOOD, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BROWN JR, JOHN W 17801 E. 30TH TERR CT. SO. INDEPENDENCE, MO

**DO NOT WRITE  
IN THIS SPACE**

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/CEO/Treasurer 3/10/06 (913) 681-2881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #