

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90001 033 \*\*\*150.00

**DOCUMENT # P23200**

1. Entity Name  
**SEGA, INC. OF KANSAS**



**40108639**

Principal Place of Business  
**16041 FOSTER  
STILWELL, KS 66085 US**

Mailing Address  
**PO BOX 1000  
STILWELL, KS 66085-1000 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132008 Chg-P CR2E034 (12/06)

4. FEI Number  
**43-0981939**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **KRAATZ, KEVIN R**  
STREET ADDRESS **23005 WEST 207TH**  
CITY-ST-ZIP **SPRINGHILL, KS**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SCHALLER, BRUCE J**  
STREET ADDRESS **10500 W. 149TH ST.**  
CITY-ST-ZIP **OVERLAND PARK, KS**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **CRAIG, JOANNE**  
STREET ADDRESS **25495 W. 135TH ST.**  
CITY-ST-ZIP **OLATHE, KS**

TITLE ☒ Change ☐ Addition  
NAME **CFO/Treasurer**  
STREET ADDRESS **Keegan, Cynthia L.**  
CITY-ST-ZIP **3370 W. 144th St.**

TITLE **V** ☐ Delete  
NAME **CARBALLEIRA, JORGE**  
STREET ADDRESS **7315 W. 74TH ST**  
CITY-ST-ZIP **OVERLAND PARK, KS**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Derek T. Jacobs**  
CITY-ST-ZIP **13163 Kessler**

TITLE **VD** ☐ Delete  
NAME **ROGERS, CHRIS R**  
STREET ADDRESS **5452 W. 133RD TERR.**  
CITY-ST-ZIP **LEAWOOD, KS**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **John P. Werthman**  
CITY-ST-ZIP **1253 SW Crossing Drive**

TITLE **PVD** ☐ Delete  
NAME **BROWN JR, JOHN W**  
STREET ADDRESS **17801 E. 30TH TERR CT. SO.**  
CITY-ST-ZIP **INDEPENDENCE, MO**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Cynthia L. Keegan Cynthia L. Keegan 06/16/08 (913) 681-2881  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #