2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P23200

Entity Name: SEGA, INC. OF KANSAS

Current Principal Place of Business:

16041 FOSTER
STILWELL, KS 66085 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1000
STILWELL, KS 660851000 US

New Mailing Address:

FEI Number: 43-0981939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	KRAATZ, KEVIN R	
Address:	23005 WEST 207TH	
City-St-Zip:	SPRINGHILL, KS	
Title:	VD	( ) Delete
Name:	SCHALLER, BRUCE J	
Address:	10500 W. 149TH ST.	
City-St-Zip:	OVERLAND PARK, KS	
Title:	CFOT	( ) Delete
Name:	KEEGAN, CYNTHIA L	
Address:	3370 W 19TH ST	
City-St-Zip:	STILWELL, KS 66085	
Title:	V	( ) Delete
Name:	CARBALLEIRA, JORGE	
Address:	7315 W. 74TH ST	
City-St-Zip:	OVERLAND PARK, KS	
Title:	VD	( ) Delete
Name:	ROGERS, CHRIS R	
Address:	5452 W. 133RD TERR.	
City-St-Zip:	LEAWOOD, KS	
Title:	PVD	( ) Delete
Name:	BROWN JR, JOHN W	
Address:	17801 E. 30TH TERR CT. SO.	
City-St-Zip:	INDEPENDENCE, MO	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	ROGERS, CHRIS R	
Address:	5452 W. 133RD TERR.	
City-St-Zip:	LEAWOOD, KS	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. KEEGAN CFOT 06/24/2009

Electronic Signature of Signing Officer or Director Date