

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23200

Entity Name: SEGA, INC. OF KANSAS

Current Principal Place of Business:

16041 FOSTER
OVERLAND PARK, KS 66085-1000

Current Mailing Address:

PO BOX 1000
OVERLAND PARK, KS 66085-1000 US

FEI Number: 43-0981939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title VP, DIRECTOR
Name KRAATZ, KEVIN R
Address 23005 WEST 207TH
City-State-Zip: SPRINGHILL KS

Title CFOT
Name KEEGAN, CYNTHIA L
Address 3370 W 194TH ST
City-State-Zip: STILWELL KS 66085

Title PRESIDENT, CEO
Name JACOBS, DEREK T
Address 13163 KESSLER
City-State-Zip: OVERLAND PARK KS 66213

Title CHAIRMAN
Name BROWN JR, JOHN W
Address 4515-1 ROANOKE PARKWAY
City-State-Zip: KANSAS CITY MO 64111

Title VP
Name ROGERS, CHRIS R
Address 5452 WEST 153RD STREET
City-State-Zip: LEAWOOD KS 66224

Title SECRETARY
Name DENNIS, JUDITH A
Address 15913 MARTY LANE
City-State-Zip: STILWELL KS 66085

Title ASST. SECRETARY
Name WEBER, KATHRYN J
Address 20701 WEST 72ND TERRACE
City-State-Zip: SHAWNEE KS 66218

Title VP, DIRECTOR
Name ANDERSON, TOR C
Address 5609 W. 151ST TERRACE
City-State-Zip: OVERLAND PARK KS 66223

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I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA L. KEEGAN

V.P. - CFO/TREASURER

03/03/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP, DIRECTOR
Name DOMANN, TODD A
Address 133 SHORELINE TERRACE
City-State-Zip: LOUISBURG KS 66053