

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90009 047 \*\*\*550.00

DOCUMENT # 348748

1. Corporation Name

SE Moran MANAGEMENT CORPORATION

Principal Place of Business

9111 EAST DOUGLAS  
WICHITA KS 67207-1205

Mailing Address

ATTN: LAW DEPT  
PO BOX 783186  
WICHITA KS 67278-3186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1969

4. FEI Number

59-1361631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14841 Dallas Parkway

2a. Mailing Address

26 14841 Dallas Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Dallas, Texas 75240-2100

City & State

28 Dallas, Texas 75240-2100

Zip

Country

25 US

Zip

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE  
NAME ROLL, TERESA J.  
STREET ADDRESS 9111 E. DOUGLAS  
CITY-ST-ZIP WICHITA KS

1.1 TITLE President/Director ☒ Change ☐ Addition  
1.2 NAME Brian H. Cole  
1.3 STREET ADDRESS 14841 Dallas Parkway  
1.4 CITY-ST-ZIP Dallas, Texas 75240-2100

TITLE DVS ☒ DELETE  
NAME COLE, BRIAN H  
STREET ADDRESS 9111 E. DOUGLAS  
CITY-ST-ZIP WICHITA KS

2.1 TITLE Vice President/Secretary/  
Director ☒ Change ☐ Addition  
2.2 NAME Melanie K. Morgan  
2.3 STREET ADDRESS 14841 Dallas Parkway  
2.4 CITY-ST-ZIP Dallas, Texas 75240-2100

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Vice President/Treasurer ☐ Change ☒ Addition  
3.2 NAME Ida W. Horn  
3.3 STREET ADDRESS 14841 Dallas Parkway  
3.4 CITY-ST-ZIP Dallas, Texas 75240-2100

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, even in an attachment, with an address, with all other like empowered.

SIGNATURE:

Brian H. Cole, 6/1/99

972/338-7879

Date

Daytime Phone #

CR2E034 (11/98)