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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 423279 (9)
1. Corporation Name
WINPAR FINANCIAL CORPORATION

Principal Place of Business Mailing Address
M/S#KSWESB0109 M/S#KSWESB0109
2330 SHAWNEE MISSION PKWY 2330 SHAWNEE MISSION PKWY
WESTWOOD KS 66205 WESTWOOD KS 66205-2005
US US

3. Date Incorporated or Qualified 04/12/1973 3a. Date of Last Report 03/04/1996
4. FEI Number 59-1452218 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 2330 Shawnee Mission Pkwy 26 2330 Shawnee Mission Pkwy
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Westwood, KS 28 Westwood, KS
Zip 66205 Country Zip 66205 Country
24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of officer 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	PASD	11 TITLE	
NAME	JENSEN, DON A	12 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	13 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	14 CITY-ST-ZIP	9000002160219--9
TITLE	VD	21 TITLE	
NAME	MEYER, JOHN P	22 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKY	23 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	
NAME	STANDARD, JEANNINE M	32 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	33 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	HYDE, MICHAEL T	42 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	43 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: X [Signature] President 4-28-97 (93) 624-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DON A. Jensen
Date Daytime Phone
0463577

CR2E034 (9/96)