

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814803 (3)
1. Corporation Name
BORTON INC.



Principal Place of Business 200 EAST 1ST P. O. BOX 2108 HUTCHINSON KANSAS 67504-9108	Mailing Address 200 EAST 1ST P. O. BOX 2108 HUTCHINSON KANSAS 67504-9108
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1960	
4. FEI Number 48-0666800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 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, typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEWART, WAYNE K			1.2 NAME	Snook, James K.		
STREET ADDRESS	200 E. FIRST			1.3 STREET ADDRESS	200 East First		
CITY-ST-ZIP	HUTCHINSON KS 67501			1.4 CITY-ST-ZIP	Hutchinson, KS 67501		
TITLE	1	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JANUARY, DON			2.2 NAME	Fearno, James A.		
STREET ADDRESS	200 EAST FIRST			2.3 STREET ADDRESS	200 East First		
CITY-ST-ZIP	HUTCHINSON KS 67501			2.4 CITY-ST-ZIP	Hutchinson, KS 67501		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, GAYLON W.			3.2 NAME			
STREET ADDRESS	200 EAST FIRST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HUTCHINSON KS 67501			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRESTON COOPER			4.2 NAME	Stuckey, J.B.		
STREET ADDRESS	200 EAST FIRST			4.3 STREET ADDRESS	200 East First		
CITY-ST-ZIP	HUTCHINSON KS 67501			4.4 CITY-ST-ZIP	Hutchinson, KS 67501		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIRKLEY, CURTIS			5.2 NAME	Keating, Joe		
STREET ADDRESS	200 EAST FIRST			5.3 STREET ADDRESS	200 East First		
CITY-ST-ZIP	HUTCHINSON KS 67501			5.4 CITY-ST-ZIP	Hutchinson, KS 67501		
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERRMANN, JON A.			6.2 NAME	Socha, Billy J.		
STREET ADDRESS	200 EAST FIRST			6.3 STREET ADDRESS	200 East First		
CITY-ST-ZIP	HUTCHINSON KS 67501			6.4 CITY-ST-ZIP	Hutchinson, KS 67501		

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, or on an attachment with an address.

SIGNATURE: Donald J. January (316) 669-8211

CR2E034 (10/97)