


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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 822535 (1)					
1. Corporation Name GEO. P. REINTJES CO., INC.					
Principal Place of Business 3800 SUMMIT KANSAS CITY MISSOURI 64111			Mailing Address 3800 SUMMIT KANSAS CITY MISSOURI 64111		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1969	
21		26		4. FEI Number 44-0654308	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country	29	Zip
25		29		30	Country
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	REINTJES, ROBERT J				
STREET ADDRESS	6440 WENONGA				
CITY - ST - ZIP	SHAWNEE MISSION KS				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	WORKMAN, RONALD				
STREET ADDRESS	209 MONTOLAIRE				
CITY - ST - ZIP	OLATHE KS				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	JOHNSON, STEVE				
STREET ADDRESS	1321 HORIZON ST.				
CITY - ST - ZIP	BLUE SPRINGS MO				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	JADERBORG, K.				
STREET ADDRESS	7305 GODDARD DR.				
CITY - ST - ZIP	SHAWNEE KS				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	REINTJES, G G				
STREET ADDRESS	4415 W. 94TH TERR., #11				
CITY - ST - ZIP	PRAIRIE VILLAGE KS				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*K. Jaderborg* REQUIRED

1-7-98

816 756 2150

CR2E034 (10/97)