FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833685 (1)

1. Corporation Name

MID-WEST CONVEYOR COMPANY, INC.

Principal Place of Business	Mailing Address
2601 MID-WEST DR. KANSAS CITY KS 66112	2601 MID-WEST DR. KANSAS CITY KS 66112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1975
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 48-0511657 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	MCCLELLAN, MICHAEL THOMA	1.2 NAME	J. Wes Paisley
STREET ADDRESS	13713 FONTANA	1.3 STREET ADDRESS	2601 Mid-West Drive
CITY-ST-ZIP	LEAWOOD KS	1.4 CITY-ST-ZIP	Kansas City KS 66211
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	KROHN, DONALD DEAN	2.2 NAME	
STREET ADDRESS	8361 REINHARDT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE, KA.	2.4 CITY-ST-ZIP	Prairie Village KS 66206
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, JR. EDWIN LEO	3.2 NAME	
STREET ADDRESS	1974 WOODSON CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	QUINN, MICHAEL	4.2 NAME	Siran D. Samarasinghe
STREET ADDRESS	116 VOLUSIA AVE	4.3 STREET ADDRESS	Wittgensteinlaan 149
CITY-ST-ZIP	DAYTONA OH	4.4 CITY-ST-ZIP	1062 KD Amsterdam The Netherlands
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KROHN, D. D.	5.2 NAME	
STREET ADDRESS	8361 REINHARDT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/17/95 913-441-8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D.D. Krohn V.P. Controller

0400008 FN