FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/21/1975**
3a. Date of Last Report: **03/01/1995**

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 (Signature of president or vice president) (NOTE: Registered Agent's signature required if only this filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PAISLEY, J. WES		12 NAME		
STREET ADDRESS	2601 MIDWEST DR		13 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY KS		14 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	21 TITLE	VP	☒ Change ☒ Addition
NAME	KROHN, DONALD DEAN		22 NAME		
STREET ADDRESS	8361 REINHARDT		23 STREET ADDRESS		
CITY-ST-ZIP	PRAIRIE VILLAGE, KA.		24 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☒ Addition
NAME	RYAN, JR. EDWIN LEO		32 NAME	George S. Papayliou	
STREET ADDRESS	1974 WOODSON CT.		33 STREET ADDRESS	1831 Forsgate Ct	
CITY-ST-ZIP	DAYTON OH		34 CITY-ST-ZIP	Springboro OH 45066	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SAMARASINGHE, SIRAN D.		42 NAME		
STREET ADDRESS	WITTGENSTEINLAAN 149		43 STREET ADDRESS		
CITY-ST-ZIP	1062 KO AM		44 CITY-ST-ZIP		
TITLE	V	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KROHN, D. D.		52 NAME		
STREET ADDRESS	8361 REINHARDT'		53 STREET ADDRESS		
CITY-ST-ZIP	PRAIRIE VILLAGE KS		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: X [signature] 1-23-96 9134418590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
D.D. Krohn, Controller