SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **834727** **(0)**

1. Corporation Name
REGIONAL INVESTMENT CO. OF KANSAS

Principal Place of Business	Mailing Address
9221 WARD PARKWAY SUITE 300 KANSAS CITY MO 66114 US	9221 WARD PARKWAY SUITE 300 KANSAS CITY MO 66114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1975
3a. Date of Last Report: 05/01/1996
4. FEI Number: 44-0593798 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

WEISSMAN, ALAN S
16459 NE SIXTH AVE
NORTH MIAMI BEACH FL FL

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRASHER, DOROTHY		1.2 NAME		
STREET ADDRESS	1219 DEPOT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEE'S SUMMIT MO		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEIL, VIRGINIA No Longer HERE		2.2 NAME		
STREET ADDRESS	16505 GREENWALD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELTON, MO 00000		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIZE, SUSAN		3.2 NAME		
STREET ADDRESS	19210 W. 87TH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LENEXA KS		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IVES, BRAD		4.2 NAME		
STREET ADDRESS	659 W. 61 TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		4.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURRILL, DAVID		5.2 NAME		
STREET ADDRESS	11235 W 166TH TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARKS KS		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGANNON, ROBERT		6.2 NAME		
STREET ADDRESS	1205 WEST 61ST TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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: Robert E McGannon 9-15-97