2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 07, 2000 8:00 am **DOCUMENT # 838078** Secretary of State CHARLES F. CURRY, COMPANY 03-07-2000 90056 050 ***150.00 Mailing Address Principal Place of Business 720 MAIN STREET 720 MAIN STREET KANSAS CITY MO 64105-2004 KANSAS CITY MO 64105 C0033501 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 43-1099231 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code ۴L 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 350 对分的全比原则。 CECUTY SELECT A SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN # 3.45 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE TITLE PIERCE, TERRY L NAME STREET ADDRESS STREET ADDRESS 720 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO ☐ Addition TITLE Delete TITLE Change CURRY, DOUGLAS G NAME NAME STREET ADDRESS STREET ADDRESS 720 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO Change Addition ☐ Defete TITLE TITLE JARDINE, RICHARD F NAME NAME 720 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP KANSAS CITY MO ☐ Delete Addition TITLE Change TITLE CURRY, WILLIAM H NAME NAME 720 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO ☐ Change ☐ Addition ☐ Delete TITI F BYRD, BARBARA A. NAME STREET ADDRESS STREET ADDRESS 720 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO ☐ Change ☐ Delete TITLE Addition TITLE CIPOLLA, PETER M. NAME NAME STREET ADDRESS 720 MAIN STREET STREET ADDRESS KANSAS CITY MO 64105 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylume Phone #