

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DEPARTMENT OF COOPERATIVE CARE

MIDLAND LITHOGRAPHING COMPANY

1841 VERNON ST
N KANSAS CITY MO 64116

2. <i>First Name of Agent</i>		2a. <i>Mailing Address</i>	
21		26	
3. <i>Last Name of Agent</i>		4. <i>State of Agent's Res.</i>	
22		27	
5. <i>City of Agent's Res.</i>		6. <i>County of Agent's Res.</i>	
23		28	
7. <i>City of Agent's Office</i>		8. <i>County of Agent's Office</i>	
24		29	
9. <i>Name and Address of Current Registered Agent</i>		10. <i>City and State of Current Registered Agent</i>	
25		30	

3. Date incorporated or Certified 01/19/1981	3a. Date of Last Report 01/31/1995
4. EIN Number 44-0512111	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. Does corporate liability for interstate tax purposes 1993-94 Exist? ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81	Name	
82	Street Address (R.O. Box Number is Not Acceptable)	
83		
84	City	
		FL 85 Zip Code

[illegible]

12. [REDACTED] [REDACTED]
PD
ROSENBERG, PAUL
1841 VERNON
NORTH KANSAS CITY MO
VD [REDACTED]
ROSENBERG, JAMES L
1841 VERNON
NORTH KANSAS CITY MO
D [REDACTED]
LEVY, N L
4210 W 102ND ST
OVERLAND PARK KS
ST [REDACTED]
GOODMAN, WILLIAM A.
1841 VERNON
OLATHE KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ Change ☐ Addition
2. DOB	
3. CURRENT ADDRESS	
4. PREVIOUS ADDRESS	
5. TITLE	☐ Change ☐ Addition
6. SEX	
7. CURRENT ADDRESS	
8. PREVIOUS ADDRESS	
9. TITLE	☐ Change ☐ Addition
10. SEX	
11. CURRENT ADDRESS	
12. PREVIOUS ADDRESS	
13. TITLE	☐ Change ☐ Addition
14. SEX	
15. CURRENT ADDRESS	
16. PREVIOUS ADDRESS	
17. TITLE	☐ Change ☐ Addition
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19. CURRENT ADDRESS	
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21. TITLE	☐ Change ☐ Addition
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23. CURRENT ADDRESS	
24. PREVIOUS ADDRESS	
25. TITLE	☐ Change ☐ Addition
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27. CURRENT ADDRESS	
28. PREVIOUS ADDRESS	
29. TITLE	☐ Change ☐ Addition
30. SEX	
31. CURRENT ADDRESS	
32. PREVIOUS ADDRESS	
33. TITLE	☐ Change ☐ Addition
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35. CURRENT ADDRESS	
36. PREVIOUS ADDRESS	
37. TITLE	☐ Change ☐ Addition
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39. CURRENT ADDRESS	
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143. CURRENT ADDRESS	
144. PREVIOUS ADDRESS	
145. TITLE	☐ Change ☐ Addition
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147. CURRENT ADDRESS	
148. PREVIOUS ADDRESS	
149. TITLE	☐ Change ☐ Addition
150. SEX	
151. CURRENT ADDRESS	
152. PREVIOUS ADDRESS	
153. TITLE	

14. I hereby certify that the information provided in this report is true and correct and that the information is true and correct in all material respects for the completion of the statement in Section 119.07(3)(a), Florida Statutes. I further certify that the information provided in this report is true and correct in all material respects for the completion of the statement in Section 119.07(3)(b), Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I further certify that the information provided in this report is true and correct in all material respects for the completion of the statement in Section 119.07(3)(c), Florida Statutes, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95 816-842-2224

CR2E034 (12/95)