FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State,

1998

DOCUMENT # 851048

1. Corporation Name
MIDLAND RESEARCH LABORATORIES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

10850 MID AMERICA AVENUE LENEXA, KS 66219-1245 10850 MID AMERICA AVENUE LENEXA, KS 66219-1245

FILED Mar 26 1998 8:00am Secretary of State

CR2E034 (10/97)

									Ţ	DO NOT WRITE IN THIS SPACE						
									3. Date	ncorporated	or Qualified 81					
2. Principal f	Place of Business	2a. Mailing Address					4. FEI N					Ann	lied For			
21				26						-092625	4		<u> </u>	 	Applicable	
Suite Apt #, etc				Suite, Apt #, etc.									\$8.7		ditional	
22				27					5. Certifi	cate of Status	Desired	X X		Regu		
City & State				City & State					6. Election	on Ca mpaign	Einancing		¢ 5 (00 v	lay Be	
23				28						Fund Contribu	-			ed to		
Zip Country				Zip Co			ry		8. This c	orporation ov	es or has p	aid the cu				
24 25			29	29 30					I	Personal Property Tax due June 30. Yes No						
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM							ij	Name	me							
1200 S. PINE ISLAND ROAD						82	-	Street Add	dress (PO Box	Mumber is N	lot Accepta	hla)	 -			
				۱			Street Address (P.O. Box Number is Not Acceptable)									
PLANTAT:	ION, FL 333				83						, <u>.</u>					
						84	-	City					05 2	ip Co		
						184	•	City				FL	85 2	.ip Co	ae	
office or i	to the provisions of Se registered agent, or bo	th. in the State o	if Florida	Such change was	s author	rized b	v th	named cor he corpora	rporation submation's board of	its this staten directors. I h	nent for the ereby acce	purpose o	f changin ointment	g its r	registered gistered	
agent la	nm familiar with, and ac	cept the obligat	ions of, S	ection 607.0505, F	Florida	Statute	88									
SIGNATURE	Signature type on printed ser		and our disc	(NC	OIL D.	Olorod Ar	lined.		puired when reinstation	a)		DATE				
12.			IRECTORS 13.			Jerit	a griative requ		ONS/CHANG	ES'TO DEFI		DIBECT	OBS	IN 12		
TITLE	P/D	2	DELETE		1.1 TOTLE			5.10, 5.1, 1.10		021101111	☐ Chang		☐ Addition			
NAME	OPELKA, JOHN J., Jr.			_				[,			
STREET ADDRESS						13STREE		IDRESS								
City-St-ZIP	LENEXA, KS			1.4 Chty-st-zip												
TITLE	D D D		DELETE			21 TITLE						Chanc	ne l	Addition		
NAME	ARELLANO, PEDRO R				2.2 N/		1							-		
STREET ADDRESS						2.3 STREET ADDRESS										
City-St-ZiP	MIAMI, FL		<u> </u>		2 4 CrtY-ST-ZIP											
TITLE	DELETE					31 TITLE							Chang	ie T	Addition	
NAME	D			3.2 NAME		1						-				
	IREET ADDRESS 4267 GRUBSTAKE CIRC			CLE			EET ADDRESS									
							3 4 CITY-ST-ZIP									
TITLE				DELETE		4.1 TUTLE							Chang	e	Addition	
NAME	OPELKA, JOHN J., Jr.					4 2 NAME								•	-	
STREET ADDRESS	10850 MID					4 3 STRLET ADDRESS								ļ		
CITY-ST-ZIP	LENEXA. K	_		4 4 CITY - ST - ZIP												
TITLE	S/D	00010		DELETE		1 TITLE	-						Chang	e	Addition	
NAME	FISHER, G. ROBERT			_ · ·		5 2 NAME		1	ເຕັກກັ	UZ4	$\mathcal{L}(\Omega)$	än	_			
STREET ADDRESS	ADDRESS 1400 COMMERCE BANK			BLDG		5.3 STREET ADDR		DRESS.	•	000002470190 -03/27/9801013005			UU5			
CITY-ST-ZIP						4 City - S		1	***158.75		የЪ					
TITLE	D	- 1-10		DELETE	_	in Tille	J, - 4						Chang	e	Addition	
NAME	RICHARDSON, DEREK						6.2 NAME							_	~ <i>X</i>	
STREET ADDRESS 41 SASCO CREEK ROAD			1				63 STREET ADDRESS						コフ	٠ _	ΔΦ :	
CITY-SI-ZIP WEST PORT, CT 068							6.4 CITY-ST ZIP								i <i>a</i>	
	certify that the information this annual report o	on supplied with		does not qualify					n Section 119.0	7(3)(i), Florid	a Statules. I	further ce	rtify that	ve l	rmation	
indicatéd officer or (Block 12 d	on this annual report of director of the corporation Block 13 if changed	r Supplemental a ion or the receiv or on A atla in	arinual rep er or trus mul with	port is true and ác tee empowered to i an address.	curate execu	and th te this	rep	my signatu port as req	ure shali have t quired by Chap	he same lega ter 607, Florid	al effect as r la Statutes;	made un and that r	der oath ny name a	apper	am an ars in	

AME O SIGNING OFFICER OR DIRECTOR

3/18/98

913/888-0560

Daytime Phone #