

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855833

(0)

1. Corporation Name

BUTLER MANUFACTURING COMPANY

Principal Place of Business

ONE PENN VALLEY PARK, BMA TOWER
P.O. BOX 419917
KANSAS CITY MO 64141-7917

Mailing Address

ONE PENN VALLEY PARK, BMA TOWER
P.O. BOX 419917
KANSAS CITY MO 64141-7917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/21/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

44-0188420

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

7. This corporation has liability for intangible tax under G. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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: typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	WEST, ROBERT H.
STREET ADDRESS	2736 VERONA TERRACE
CITY - ST - ZIP	MISSION HILLS KS
TITLE	PD
NAME	PRATT, DONALD H.
STREET ADDRESS	433 WARD PARKWAY
CITY - ST - ZIP	KANSAS CITY MO
TITLE	V
NAME	HOLLAND, JOHN J.
STREET ADDRESS	11700 W 101 TERR.
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	VS
NAME	BALLENTINE, RICHARD O.
STREET ADDRESS	6101 REINHARDT DR.
CITY - ST - ZIP	SHAWNEE MISSION KS
TITLE	T
NAME	MILLER, LARRY C.
STREET ADDRESS	8301 OUTLOOK LANE
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	VPA
NAME	HUEY, JOHN W.
STREET ADDRESS	10905 W. 175TH TERRACE
CITY - ST - ZIP	OLATHE KS

1 1 TITLE	D	☐ Change ☒ Addition
12 NAME	BERNTHAL, HAROLD G.	
13 STREET ADDRESS	225 E. DEERPATH RD SUITE 210	
14 CITY - ST - ZIP	LAKE FOREST, IL 60045	
2 1 TITLE	D	☐ Change ☒ Addition
2 2 NAME	COOK, ROBERT E.	
2 3 STREET ADDRESS	104 WARREN ROAD	
2 4 CITY - ST - ZIP	AUGUSTA, GA 30907	
3 1 TITLE	D	☐ Change ☒ Addition
3 2 NAME	HALLENE, ALAN M.	
3 3 STREET ADDRESS	2000 - 52nd AVENUE, SUITE 2	
3 4 CITY - ST - ZIP	MOLINE, IL 61265	
4 1 TITLE	D	☐ Change ☒ Addition
4 2 NAME	HAW, C.L. WILLIAM	
4 3 STREET ADDRESS	1600 GENESSEE	
4 4 CITY - ST - ZIP	KANSAS CITY, MO 64102	
5 1 TITLE	D	☐ Change ☒ Addition
5 2 NAME	POWELL, GEORGE E. JR	
5 3 STREET ADDRESS	10777 BARKLEY	
5 4 CITY - ST - ZIP	OVERLAND PARK, KS 66210	
6 1 TITLE	D	☐ Change ☒ Addition
6 2 NAME	REINTJE, ROBERT J. SR	
6 3 STREET ADDRESS	3800 Summit	
6 4 CITY - ST - ZIP	KANSAS CITY, MO 64108	

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

John Holland
John Holland

4/25/95

816-968-3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number