


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/3

0852277 AT

**DOCUMENT # F02000001131**

1. Entity Name  
**AQUILA MERCHANT SERVICES, INC.**



**FILED**

**03 APR 29 PM 2:10**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1100 WALNUT, SUITE 3300  
KANSAS CITY MO 64106**

Mailing Address  
**20 WEST 9TH STREET  
KANSAS CITY MO 64105**



2. Principal Place of Business  
**20 W. 9th Street**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES **DS**

City & State  
**Kansas City, MO**

City & State

Zip  
**64105**

Country  
**USA**

4. FEI Number  
**47-0683480**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD GREEN, ROBERT K 20 WEST 9TH STREET KANSAS CITY MO 64105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILLS, EDWARD K 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AYERS, JEFFREY D 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HENNING, SARA L 20 WEST 9TH STREET KANSAS CITY MO 64105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MARKO, THOMAS P 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHEALY, JOHN A 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See attached list</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500017307095</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sara L. Henning **REQUIRED** Sara L. Henning, Secretary **4-25-03**

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

CR2E034 (10/02)





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
 REFERENCE : 071245 4350171  
 AUTHORIZATION : *Patricia Pizit*  
 COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003  
 ORDER TIME : 10:24 AM  
 ORDER NO. : 071245-030  
 CUSTOMER NO: 4350171  
 CUSTOMER: Ms. Beth Van De Vyvere  
 Aquila, Inc.  
 20 West Ninth Street  
 Mail Stop 3-122  
 Kansas City, MO 64105

ANNUAL REPORT FILING

NAME: AQUILA MERCHANT SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 03 APR 29 PM 12:00  
 DIVISION OF CORPORATION