


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

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