

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 27 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001445

1. Entity Name

Aquila Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 W. 9th Street

Suite, Apt. #, etc.

3. Mailing Address

20 W. 9th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

22-3366827

Applied For

Not Applicable

Zip

64105

Country

USA

Zip

64105

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Brian Courtney
Asst. V. Pres.

200021180632

6/27/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Please see attached

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara L. Henning

Secretary

Date

Daytime Phone #

6-25-03

CR2E034B (12/02)

71 6/30

Directors, Officers Report

Aquila Services, Inc.

DIRECTORS

Michael G. Jonagan **Director**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

OFFICERS

Michael G. Jonagan **President**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Leo C. Rajter **Vice President - Operations**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Sara L. Henning **Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Timothy M. Spear **Assistant Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Brogan T. Sullivan **Assistant Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Randal P. Miller **Treasurer**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Joseph L. Gocke **Assistant Treasurer**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105