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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F92000000521 (6)

1. Corporation Name

TRANS WORLD PARS, INC.



Principal Place of Business

11500 AMBASSADOR DR
KANSAS CITY MO 64153
US

Mailing Address

11500 AMBASSADOR DR
KANSAS CITY MO 64153
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

13-3381826

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 11500 AMBASSADOR DRIVE

Suite, Apt. #, etc.

27 C/O TAX DEPARTMENT

28 City & State

28 KANSAS CITY, MO

29 Zip

29 64153

30 Country

30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPT ☒ DELETE

NAME DEISIER, CHRISTINE R
STREET ADDRESS 11500 AMBASSADOR DRIVE
CITY-ST-ZIP KANSAS CITY MO

TITLE P ☒ DELETE

NAME BRANDI, RODIN A
STREET ADDRESS ONE CITY CENTER 515 N 6TH ST
CITY-ST-ZIP ST. LOUIS MO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/T/D ☒ Change ☐ Addition

1.2 NAME CHRISTINE R. DEISTER
1.3 STREET ADDRESS 11500 AMBASSADOR DRIVE
1.4 CITY-ST-ZIP KANSAS CITY, MO 64153

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME DONALD M. CASEY
2.3 STREET ADDRESS 515 N. 6TH STREET
2.4 CITY-ST-ZIP ST. LOUIS, MO 64153

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME PAUL J.M. RUTTERER
3.3 STREET ADDRESS 515 N. 6TH STREET
3.4 CITY-ST-ZIP ST. LOUIS, MO 64153

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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 on an attachment with an address.

CR2E034 (10/97)