

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000000715**

1. Entity Name

FAULTLESS STARCH/BON AMI COMPANY**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90174 022 ***150.00

Principal Place of Business

Mailing Address

**1025 W. 8TH STREET
KANSAS CITY MO 64101****1025 W. 8TH STREET
KANSAS CITY MO 64101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **44-0243890**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **BEAHAM, GORDON T III**
STREET ADDRESS **5767 WINDSOR**
CITY-ST-ZIP **SHAWNEE MISSION KS**TITLE **C** ☒ Change ☐ Addition
NAME **BEAHAM, GORDON T III**
STREET ADDRESS **5767 WINDSOR**
CITY-ST-ZIP **SHAWNEE MISSION, KS**TITLE **SD** ☐ Delete
NAME **CARR, KATHRYN A**
STREET ADDRESS **705 S. PROSPECT**
CITY-ST-ZIP **KEARNEY MO 64060**TITLE **P** ☐ Change ☒ Addition
NAME **DAVID BEAHAM**
STREET ADDRESS **5926 HOWE DR.**
CITY-ST-ZIP **FAIRWAY, KS 66205**TITLE **T** ☐ Delete
NAME **BRAHAM, ROBERT**
STREET ADDRESS **2525 MAIN STE 401**
CITY-ST-ZIP **KANSAS CITY MO 64108**TITLE **T** ☒ Change ☐ Addition
NAME **BEAHAM, ROBERT**
STREET ADDRESS **2525 MAIN STR**
CITY-ST-ZIP **KANSAS CITY, MO 64108**TITLE **D** ☐ Delete
NAME **KOHLER, ALFRED C**
STREET ADDRESS **4207 W. 54TH TERRACE**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **HAMPSHIRE, ADRIAN J**
STREET ADDRESS **16411 E. DEBRA STREET**
CITY-ST-ZIP **INDEPENDENCE MO**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BEAHAM, NANCY**
STREET ADDRESS **5767 WINDSOR CIR.**
CITY-ST-ZIP **SHAWNEE MISSION KS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)