

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90248 010 ***150.00

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1. Entity Name
FAULTLESS STARCH/BON AMI COMPANY



Principal Place of Business

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

Mailing Address

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



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
44-0243890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**C
BEAHAM, GORDON T III
5757 WINDSOR
SHAWNEE MISSION, KS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEAHAM, DAVID
6035 CHEREOKE DR
FAIRWAY, KS 66205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
~~BRAHAM, ROBERT~~ BEAHAM, ROBERT
3806 W 57TH TERR
MISSION, KS 66205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOHLER, ALFRED C
4207 W. 54TH TERRACE
SHAWNEE MISSION, KS 66205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAMPSHIRE, ADRIAN J
16411 E. DEBRA STREET
INDEPENDENCE, MO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAHAM, NANCY
5767 WINDSOR CIR.
SHAWNEE MISSION, KS**

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

SIGNATURE: David Beahan President 4/30/04 (816) 812-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #