

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001764 (0)

1. Corporation Name

DIDDE WEB PRESS CORPORATION



Principal Place of Business

1200 GRAPHIC ARTS ROAD
EMPORIA KS 66801-1088

Mailing Address

1200 GRAPHIC ARTS ROAD
EMPORIA KS 66801-1088

3. Date Incorporated or Qualified

04/09/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

48-1096623

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DIDDE, DAVID C
STREET ADDRESS 10875 BENSON DRIVE, SUITE 200
CITY-ST-ZIP OVERLAND PARK KS 66210

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME VANCELETTE, WILLIAM D
STREET ADDRESS 10875 BENSON DRIVE, SUITE 200
CITY-ST-ZIP OVERLAND PARK KS 66210

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME HEENE, EDWARD L
STREET ADDRESS 1200 GRAPHIC ARTS RD
CITY-ST-ZIP EMPORIA KS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HASSELL, LESLIE L
STREET ADDRESS 10875 BENSON DR SUITE 200
CITY-ST-ZIP OVERLAND PARK KS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MEIERHOFF, DAVID A
STREET ADDRESS 1200 GRAPHIC ARTS RD
CITY-ST-ZIP EMPORIA KS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME PIERSON, CATHERINE V
STREET ADDRESS 1200 GRAPHIC ARTS RD
CITY-ST-ZIP EMPORIA KS

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Field, Peter H.
6.3 STREET ADDRESS 1200 Graphic Arts Road
6.4 CITY-ST-ZIP Emporia, KS 66801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward L. Heene, VII Admin./Sec./Treasurer

3 /28 /96

Date

316-342-4740

Daytime Phone #

CR2E034 (12/95)