

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 66801-6231
--	--

3. Date Incorporated or Qualified 04/09/1993	3a. Date of Last Report 04/17/1996
4. FEI Number 48-1096623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DIDDE, DAVID C
STREET ADDRESS	10875 BENSON DRIVE, SUITE 200
CITY - ST - ZIP	OVERLAND PARK KS 66210
TITLE	VD <input type="checkbox"/> DELETE
NAME	VANCELETTE, WILLIAM D
STREET ADDRESS	10875 BENSON DRIVE, SUITE 200
CITY - ST - ZIP	OVERLAND PARK KS 66210
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	HEENE, EDWARD L
STREET ADDRESS	1200 GRAPHIC ARTS RD
CITY - ST - ZIP	EMPORIA KS
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HASSELL, LESLIE L
STREET ADDRESS	10875 BENSON DR SUITE 200
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	V <input type="checkbox"/> DELETE
NAME	MEIERHOFF, DAVID A
STREET ADDRESS	1200 GRAPHIC ARTS RD
CITY - ST - ZIP	EMPORIA KS
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FIELD, PETER H.
STREET ADDRESS	1200 GRAPHIC ARTS RD
CITY - ST - ZIP	EMPORIA KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Symes, Sidney J.
3.3 STREET ADDRESS	1200 Graphic Arts Road
3.4 CITY - ST - ZIP	Emporia, KS 66801
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brown, Gerald R.
4.3 STREET ADDRESS	10875 Benson Drive, Suite 200
4.4 CITY - ST - ZIP	Overland Park, KS 66210
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thompson, David F.
6.3 STREET ADDRESS	10875 Benson Drive, Suite 200
6.4 CITY - ST - ZIP	Overland Park, KS 66210

14. I do 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 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:  **Sidney J. Symes, Secretary** Date: **4/21/97** Daytime Phone: **316-342-4740**

CR2E034 (9/96)