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Apr 11 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 # F93000003513 (9)

1. Corporation Name

RETAIL PLANS AND MANAGEMENT, INC.



Principal Place of Business

2501 MOORE, MAIL DROP 339  
KANSAS CITY MO 64108

Mailing Address

ATTN. TAX 407  
P O BOX 419479  
KANSAS CITY MO 64141-6479  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

43-1039549

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
% 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	CD	<input type="checkbox"/> DELETE
NAME	FIRNHABER, ROBERT D	
STREET ADDRESS	3521 WEST 87TH STREET	
CITY, ST, ZIP	LEAWOOD KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STURGEON, ROD	
STREET ADDRESS	16950 206TH STREET	
CITY, ST, ZIP	TONGANOXIE KS 68086	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EGAN, CHARLES J JR.	
STREET ADDRESS	712 EAST 47TH STREET	
CITY, ST, ZIP	KANSAS CITY MO 64110	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	CLEMENTS, VERNON D	
STREET ADDRESS	9810 WEST 131ST ST.	
CITY, ST, ZIP	OVERLAND PARK KS 66213	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	SCHAEFER, MARK	
STREET ADDRESS	5050 SUNSET D	
CITY, ST, ZIP	KANSAS CITY MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, VICKIE	
STREET ADDRESS	11707 EAST 61ST STREET	
CITY, ST, ZIP	KANSAS CITY MO 64133	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	Bisset, Karen I.
3.4 CITY-ST-ZIP	9824 Sagamore Leawood, KS 66206
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	Whittaker, Judith
6.4 CITY-ST-ZIP	5900 Mission Drive Mission Hills, KS 66208

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:

Vernon D. Clements

Signature of President or Name of Signing Officer or Director

4/3/97

(816-274-8691)

CR2E034 (9/96)