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 # **F93000005566 (5)**

1. Corporation Name

LARSON - BINKLEY ASSOCIATES, INC.

Principal Place of Business

SUITE 150
8900 STATE LINE ROAD
LEAWOOD KS 66206

Mailing Address

SUITE 150
8900 STATE LINE ROAD
LEAWOOD KS 66206

3. Date Incorporated or Qualified: **12/08/1993**

3a. Date of Last Report: **04/05/1995**

4. FEI Number: **48-1047495** [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 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 Section 607.0502 and 607.1008, Florida Statutes, the undersigned 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	LARSON, CHRISTOPHER R		12 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150		13 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206		14 CITY-ST-ZIP	
TITLE	VCV	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	BINKLEY, JERRY		22 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150		23 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206		24 CITY-ST-ZIP	
TITLE	SDT	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	KLEIN, STEVE A		32 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150		33 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206		34 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	CAHILL, JOSEPH M.		42 NAME	
STREET ADDRESS	8900 STATE LINE RD, STSE 150		43 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS		44 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	SWOPE, TERRY D.		52 NAME	
STREET ADDRESS	8900 STATE LINE RD, STE 150		53 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, for the exemption statutes 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: STEPHEN A. KLEIN TREASURER 3/26/96 913-383-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #