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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005566 (5)**

1. Corporation Name

LARSON - BINKLEY ASSOCIATES, INC.



Principal Place of Business	Mailing Address
SUITE 150 8900 STATE LINE ROAD LEAWOOD KS 66206	SUITE 150 8900 STATE LINE ROAD LEAWOOD KS 66206-1836

3. Date Incorporated or Qualified 12/08/1993	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 48-1047495	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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. City	
84. State	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	PC	1.1 TITLE	PO
NAME	LARSON, CHRISTOPHER R	1.2 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206	1.4 CITY-ST-ZIP	
TITLE	VCV	2.1 TITLE	VD
NAME	BINKLEY, JERRY	2.2 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	
NAME	KLEIN, STEVE A	3.2 NAME	
STREET ADDRESS	8900 STATE LINE ROAD, SUITE 150	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CAHILL, JOSEPH M.	4.2 NAME	
STREET ADDRESS	8900 STATE LINE RD, STE 150	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	SWOPE, TERRY D.	5.2 NAME	
STREET ADDRESS	8900 STATE LINE RD, STE 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	JOHN C. COULTER
STREET ADDRESS		6.3 STREET ADDRESS	8900 STATE LINE RD, SUITE 150
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LEAWOOD, KS 66206

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **STEVEN A. KLEIN**

3/10/97
Date

913-383-2621
Daytime Phone #

CR2E034 (9/96)