

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000000478 (7)

1. Corporation Name

THE PROVO GROUP, INC.

Principal Place of Business

Mailing Address

SUITE 1200
SUITE 1110
KANSAS CITY MO 64105
US

SUITE 1200
SUITE 1110
KANSAS CITY MO 64105
US

| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 101 West 11 th Street | 26 101 West 11 th Street |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 22 Suite 1110 | 27 Suite 1110 |
| 23 City & State | 28 City & State |
| 23 Kansas City, MO | 28 Kansas City, MO |
| 24 Zip | 29 Zip |
| 24 64105 | 29 64105 |
| 25 Country | 30 Country |
| 25 US | 30 US |

REINSTATEMENT

96-97

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 01/31/1994 | 03/22/1995 |
| 4. FEI Number | Applied For |
| 38-3359416 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | <input type="checkbox"/> |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|---|
| 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 of registered agent and title if applicable

John J. Linnihan-Ass't. Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|---|--|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | 1.1 TITLE |
| NAME | 1.2 NAME |
| STREET ADDRESS | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP |
| PD PROVO, BRUCE A 8812 LINDEN DRIVE PRAIRIE VILLAGE KS 66207 | 600002110236--7 -03/11/97--01114--002 ***375.00 ***375.00 |
| TITLE | 2.1 TITLE |
| NAME | 2.2 NAME |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP |
| D RICH, MARTIN D 1705 SECOND AVENUE SUITE 409 ROCK ISLAND IL 61201 | 600002110236--7 -03/11/97--01114--003 ***540.00 ***540.00 |
| TITLE | 3.1 TITLE |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP |
| DV GOLDING, JAMES L 999 N. LAKESHORE DRIVE CHICAGO IL 60611 | |
| TITLE | 4.1 TITLE |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP |
| S STKINSON, KRISTIN J 5636 MEADOW COURT PARKVILLE MO | S Saunders, Maureen M. 210 Bordner Drive, N.E. Lee's Summit, MO 64086 |
| TITLE | 5.1 TITLE |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| T HIGGINBOTHAM, SHERYL L 821 S.E. 10TH TERRACE LEE'S SUMMIT MO 64081 | V T Atkinson, Kristin J. 5636 Meadow Court North Parkville, MO 64152 |
| TITLE | 6.1 TITLE |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristin Atkinson Kristin Atkinson 12/30/96 (816)421-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #