


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

FILED

May 01 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 # F94000001639 (3) 1. Corporation Name MIDLAND DATA SYSTEMS, INC.											
Principal Place of Business 210 West 10th Street Kansas City, MO 64105			Mailing Address 210 West 10th Street Kansas City, MO 64105								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/31/94 3a. Date of Last Report 4/09/96							
24 25		29 30		4. FEI Number 48-1085563 Applied For Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$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											
9. Name and Address of Current Registered Agent CT 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 <input type="checkbox"/> DELETE											
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 1.1 TITLE President/Director <input type="checkbox"/> DELETE 1.2 NAME Alan L. Atterbury 1.3 STREET ADDRESS 210 West 10th Street 1.4 CITY-ST-ZIP Kansas City, MO 64105 </td> <td style="width: 50%;"> 2.1 TITLE Director <input type="checkbox"/> DELETE 2.2 NAME A. Keith Weber 2.3 STREET ADDRESS 2001 Shawnee Mission Parkway 2.4 CITY-ST-ZIP Shawnee Mission, KS 66205 </td> </tr> <tr> <td> 3.1 TITLE Exec VP/CFO <input type="checkbox"/> DELETE 3.2 NAME Leon E. Bergman 3.3 STREET ADDRESS 210 West 10th Street 3.4 CITY-ST-ZIP Kansas City, MO 64105 </td> <td> 4.1 TITLE Exec VP/Secretary <input type="checkbox"/> DELETE 4.2 NAME Clarence A. Krantz 4.3 STREET ADDRESS 210 West 10th Street 4.4 CITY-ST-ZIP Kansas City, MO 64105 </td> </tr> <tr> <td> 5.1 TITLE Exec VP <input type="checkbox"/> DELETE 5.2 NAME Stacey M. Berger 5.3 STREET ADDRESS 1350 Eye Street, N.W., #830 5.4 CITY-ST-ZIP Washington, DC 20005 </td> <td> 6.1 TITLE Assistant Secretary <input type="checkbox"/> DELETE 6.2 NAME Paula J. Mickelson 6.3 STREET ADDRESS 210 West 10th Street 6.4 CITY-ST-ZIP Kansas City, MO 64105 </td> </tr> </table>						1.1 TITLE President/Director <input type="checkbox"/> DELETE 1.2 NAME Alan L. Atterbury 1.3 STREET ADDRESS 210 West 10th Street 1.4 CITY-ST-ZIP Kansas City, MO 64105	2.1 TITLE Director <input type="checkbox"/> DELETE 2.2 NAME A. Keith Weber 2.3 STREET ADDRESS 2001 Shawnee Mission Parkway 2.4 CITY-ST-ZIP Shawnee Mission, KS 66205	3.1 TITLE Exec VP/CFO <input type="checkbox"/> DELETE 3.2 NAME Leon E. Bergman 3.3 STREET ADDRESS 210 West 10th Street 3.4 CITY-ST-ZIP Kansas City, MO 64105	4.1 TITLE Exec VP/Secretary <input type="checkbox"/> DELETE 4.2 NAME Clarence A. Krantz 4.3 STREET ADDRESS 210 West 10th Street 4.4 CITY-ST-ZIP Kansas City, MO 64105	5.1 TITLE Exec VP <input type="checkbox"/> DELETE 5.2 NAME Stacey M. Berger 5.3 STREET ADDRESS 1350 Eye Street, N.W., #830 5.4 CITY-ST-ZIP Washington, DC 20005	6.1 TITLE Assistant Secretary <input type="checkbox"/> DELETE 6.2 NAME Paula J. Mickelson 6.3 STREET ADDRESS 210 West 10th Street 6.4 CITY-ST-ZIP Kansas City, MO 64105
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14. I 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 is based on the 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: <i>Paula J. Mickelson</i> 4/29/97 816/435-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paula J. Mickelson, Assistant Secretary											

CR2E034 (9/96)