

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002057 (7)**

1. Corporation Name
USF DUGAN INC.

Principal Place of Business
**2020 WEST HARRY STREET
WICHITA KS 67213**

Mailing Address
**2020 WEST HARRY STREET
WICHITA KS 67213**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1994	
21 2015 S. Meridian Suite, Apt. #, etc.	26 Same Suite, Apt. #, etc.	4. FEI Number 48-0760565		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Wichita,	28 Same	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 67213	25 KS	29 Same		30 Same	
25 KS		29 Same		30 Same	

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
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 of 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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRUTH, J.C.	1.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, STE. 570	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, C.L.	2.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, STE. 570	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	2.4 CITY-ST-ZIP	
TITLE	PCOO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGLETON, CHARLES V	3.2 NAME	
STREET ADDRESS	2020 WEST HARRY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLAEGEL, DAVID M	4.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, STE. 570	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLAEGEL, DAVID M	5.2 NAME	
STREET ADDRESS	2020 WEST HARRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KA	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLAEGEL, DAVID M	6.2 NAME	
STREET ADDRESS	2020 WEST HARRY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67213	6.4 CITY-ST-ZIP	

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 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]

(816) 941-3363

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