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.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002730 (9)**

1. Corporation Name

J. C. NICHOLS COMPANY

Principal Place of Business

310 WARD PARKWAY
KANSAS CITY MO 64112

Mailing Address

310 WARD PARKWAY
KANSAS CITY MO 64112

3. Date Incorporated or Qualified: **05/24/1994**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **44-0371610** — 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 [ ] Yes [ ] No

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

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

HARRELL, ROY G JR
100 SECOND AVE., SOUTH
12TH FLOOR
ST. PETERSBURG FL 33701

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	MCCARTHY, LYNN L	
STREET ADDRESS	310 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64112	
TITLE	VP	[X] DELETE
NAME	FOX, JOHN H	
STREET ADDRESS	5612 TAHOE LANE	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	V	[X] DELETE
NAME	SWEENEY, ANTHONY J	
STREET ADDRESS	310 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64112	
TITLE	V	[X] DELETE
NAME	SHERMAN, KELLY M	
STREET ADDRESS	310 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64112	
TITLE	S	[X] DELETE
NAME	ROEDER, CLARENCE L	
STREET ADDRESS	310 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64112	
TITLE	T	[X] DELETE
NAME	JANES, WALTER C	
STREET ADDRESS	310 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64112	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[ ] Change [X] Addition
1.2 NAME	Barrett Brady	
1.3 STREET ADDRESS	5317 Mission Woods Terrace	
1.4 CITY-ST-ZIP	Shawnee Mission, KS 66205	
2.1 TITLE	Secretary	[ ] Change [X] Addition
2.2 NAME	Price A. Sloan	
2.3 STREET ADDRESS	650 W. 69th Terrace	
2.4 CITY-ST-ZIP	Kansas City, MO 64113	
3.1 TITLE	Vice President	[ ] Change [X] Addition
3.2 NAME	Brian G. Shanahan	
3.3 STREET ADDRESS	11605 Jefferson	
3.4 CITY-ST-ZIP	Kansas City, MO 64114	
4.1 TITLE	Vice President	[ ] Change [X] Addition
4.2 NAME	Michael T. Shields	
4.3 STREET ADDRESS	3629 Somerset Drive	
4.4 CITY-ST-ZIP	Shawnee Mission, KS 66208	
5.1 TITLE	Vice President	[ ] Change [X] Addition
5.2 NAME	Mark A. Peterson	
5.3 STREET ADDRESS	13144 Larsen	
5.4 CITY-ST-ZIP	Overland Park, KS 66213	
6.1 TITLE	Vice President	[ ] Change [X] Addition
6.2 NAME	Donnell J. Dixon	
6.3 STREET ADDRESS	5301 Falmouth Road	
6.4 CITY-ST-ZIP	Shawnee Mission, KS 66205	

CR2E034 (3/96)

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: Mark A. Peterson MARK A. PETERSON 6/10/96 (816) 960-6257

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