

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002905 (6)

1. Corporation Name

MIDLAND COMMERCIAL FINANCING CORP.

Principal Place of Business	Mailing Address
210 West 10th Street Kansas City, MO 64105	210 West 10th Street Kansas City, MO 64105

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/16/95	3a. Date of Last Report 2/09/96
4. FEI Number 43-1681393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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
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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	President/Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan L. Atterbury	1.2 NAME	
STREET ADDRESS	210 West 10th Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64105	1.4 CITY-ST-ZIP	
TITLE	ExecVP/CFO/Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon E. Bergman	2.2 NAME	
STREET ADDRESS	210 West 10th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64105	2.4 CITY-ST-ZIP	
TITLE	ExecVP/Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence A. Krantz	3.2 NAME	
STREET ADDRESS	210 West 10th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64105	3.4 CITY-ST-ZIP	
TITLE	Sr Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles J. Sipple	4.2 NAME	
STREET ADDRESS	210 West 10th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64105	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula J. Mickelson	5.2 NAME	
STREET ADDRESS	210 West 10th Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64105	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William V. Morgan	6.2 NAME	
STREET ADDRESS	411 Nichols Road, #225	6.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64111	6.4 CITY-ST-ZIP	

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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 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:

Paula J. Mickelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paula J. Mickelson, Secretary

4/29/97

Date

816/435-5000

Daytime Phone #

CR2E034 (9/96)