

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000000090 (8)
 1. Corporation Name

TELETRAC LICENSE, INC.



Principal Place of Business: 2323 GRAND STE. 1100 KANSAS CITY MO 64108
 Mailing Address: 2323 GRAND STE. 1100 KANSAS CITY MO 64108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1996
 4. FEI Number: 48-1177612
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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	
TITLE: PC NAME: QUEEN, JAMES A STREET ADDRESS: 2323 GRAND STE 1100 CITY-ST-ZIP: KANSAS CITY MO 64108	<input type="checkbox"/> DELETE
TITLE: S NAME: SCHEIWE, STEVEN D STREET ADDRESS: 2323 GRAND STE 1100 CITY-ST-ZIP: KANSAS CITY MO 64108	<input type="checkbox"/> DELETE
TITLE: V NAME: HOWE, ALAN B STREET ADDRESS: 2323 GRAND STE 1100 CITY-ST-ZIP: KANSAS CITY MO 64108	<input type="checkbox"/> DELETE
TITLE: V NAME: JENNINGS, LAWRENCE P STREET ADDRESS: 4448 ST. JOHNS AVENUE CITY-ST-ZIP: BOULDER CO 80301	<input type="checkbox"/> DELETE
TITLE: F NAME: BENBOW, ROBERT F STREET ADDRESS: BURR, EGAN, 1 EMBARCADERO CENTER #4050 CITY-ST-ZIP: SAN FRANCISCO CA 94111	<input type="checkbox"/> DELETE
TITLE: D NAME: BERKMAN, DAVID J STREET ADDRESS: ASSOCIATE GROUP, 3 BALA PLAZA EAST #502 CITY-ST-ZIP: BALA CYNWYD PA 19004	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D 1.2 NAME: Queen, James A 1.3 STREET ADDRESS: 2323 Grand, Suite 1100 1.4 CITY-ST-ZIP: Kansas City, MO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: PC 2.2 NAME: sarto, John 2.3 STREET ADDRESS: 2323 Grand, Suite 1100 2.4 CITY-ST-ZIP: Kansas City, MO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Steven D. Scheiwe 7/16/98 816/474-0055

CR2E034 (5/98)