
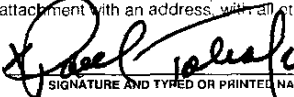


**\*FINAL\***  
**2004 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90443 034 \*\*\*150.00

<b>DOCUMENT # F96000004472</b>					
<b>1. Entity Name</b> BLAKELY CROP HAIL, INC.					
<b>Principal Place of Business</b> 100 E. 9TH ST. TOPEKA, KS 66601			<b>Mailing Address</b> 100 E. 9TH ST. TOPEKA, KS 66601		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 48-0904150	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEAVER, BOB 313 N. OHIO AVE. LIVE OAK, FL 32060			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P ROGERS, RICHARD 100 E. 9TH ST. TOPEKA, KS 66601		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ST SCHMIDT, LOWELL D 1122 N MAIN MCPHERSON, KS 67460		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DCOB BIRKHEAD, L. KEITH 1122 N. MAIN MCPHERSON, KS 67460		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D KETCHERSIDE, JAMES L 1122 N. MAIN MCPHERSON, KS 67460		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MITCHELL, WILLIAM L 119 W. SHERMAN HUTCHINSON, KS 67504		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D JENKINS, JOE F II RR 3 BOX 60 TONGANOXIE, KS 66086		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>  <b>Paul Taliaferro, Secretary</b> 4-22-04 (620)241-2200 x1598					

Attest: 796000004472

**Blakely Crop Hail, Inc.  
Officers and Directors Schedule  
2004-2005**

<b>TITLE</b>	<b>NAME</b>	<b>RESPECTIVE ADDRESSES</b>
President	Greg K. Burger (also Director)	1825 N. Clairemont Eau Claire, WI 54703
Vice President	Richard Rogers	100 E. 9th Street Topeka KS 66601
Secretary	Paul Taliaferro	1122 N. Main McPherson, KS 67460
Treasurer	Lisa Bauer	1825 N. Clairemont Eau Claire, WI 54703
Directors (All Directors Must be Shown)	W. L. Mitchell Larry E. Williams James L. Ketcherside Greg K. Burger (President) L. Keith Birkhead (COB) R.J. Breidenthal, Jr. Sheila Frahm Joe F. Jenkins, II Eric J. Larson Marilyn B. Pauly	119 W. Sherman Hutchinson, KS 67501 Warren Place, Suite 400 McPherson, KS 67460 1122 N. Main McPherson, KS 67460 1825 N. Clairemont Eau Claire, WI 54703 1122 N. Main McPherson, KS 67460 4400 Shawnee Msn Parkway Fairway, KS 66205-2518 700 SW Jackson, Suite 401 Topeka, KS 66603-3757 101 South Kansas Olathe, KS 66061 106 West Douglas Ave Wichita, KS 67202-3390 150 North Main Wichita, KS 67202