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FILED
Apr 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 # F96000005573 (8)

1. Corporation Name
MIDLAND USA, INC.

Principal Place of Business
1690 N. TOPPING AVE.
KANSAS CITY MO 64120

Mailing Address
1690 N. TOPPING AVE.
KANSAS CITY MO 64120



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1996

4. FEI Number
04-2450145

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

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 PD
NAME NEIBERT, DAVID
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

1.1 TITLE P
1.2 NAME Donald R Goeltz
1.3 STREET ADDRESS 214 Carnegie Center; Suite 304
1.4 CITY-ST-ZIP Princeton, NJ 08540

TITLE VD
NAME PARKINSON, HOWARD
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME MARSTON, GREGG
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

3.1 TITLE S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME WASSERMAN, STEVEN
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MARSTALL, MARVIN
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

5.1 TITLE V/D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME WILSON, NICHOLAS
STREET ADDRESS 1690 N. TOPPING AVE.
CITY-ST-ZIP KANSAS CITY MO 64120

6.1 TITLE D
6.2 NAME Robert J. Shiver
6.3 STREET ADDRESS 214 Carnegie Center; Suite 304
6.4 CITY-ST-ZIP Princeton, NJ 08540

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] E. MARSTALL 4/10/98

CR2E034 (10/97)