

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90001 018 \*\*\*150.00

DOCUMENT # F96000005573

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GOELTZ, DONALD R  
STREET ADDRESS 214 CARNEGIE CENTER, SUITE 304  
CITY-ST-ZIP PRINCETON NJ 08540 ☒ DELETE

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

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

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

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

TITLE D  
NAME SHIVER, ROBERT J  
STREET ADDRESS 214 CARNEGIE CENTER, SUITE 304  
CITY-ST-ZIP PRINCETON NJ 08540 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P  
Robert Hardy  
1690 N Topping Avenue  
Kansas City, MO 64120 ☐ Change ☒ Addition

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

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

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

Secretary ☒ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

Daytime Phone #

CR2E034 (1/1/98)