

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F96000006753

1. Entity Name

PETRUS REALTY CORPORATION

**FILED**

01 MAY 11 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
8100 E 22ND ST N, BLDG 500  
WICHITA, KS 67226-2305

**Mailing Address**  
8100 E 22ND ST N, BLDG 500  
WICHITA, KS 67226-2305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		48-1192221		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCEO	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUHFUS, ROLF E.			NAME			
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUHFUS, ROLF E.			NAME			
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	MOSSBURG, ROBERT E.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAAC, B. ANTHONY			NAME			
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, ROY R.			NAME			
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, ROY R.			NAME	ISAAC, B. ANTHONY		
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARVIN, DON R.			NAME			
STREET ADDRESS	8100 E. 22ND ST. N, BLDG. 500			STREET ADDRESS			
CITY-ST-ZIP	WICHITA, KS 67226-2305			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy R. Baker Roy R. Baker 4/23/01 (316) 681-5107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)