2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003530

Entity Name: BHA GROUP, INC.

FILED Feb 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8800 EAST 63RD ST. KANSAS CITY, MO 64133 **Current Mailing Address: New Mailing Address:** 8800 EAST 63RD ST. KANSAS CITY, MO 64133 FEI Number: 22-2968559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 331560000 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: LUND, JAMES E Name: 4108 W 123RD ST Address: Address: City-St-Zip: LEAWOOD, KS 66209 City-St-Zip: EVPD Title: Title: () Delete () Change () Addition Name: THOME, JAMES J Name: 11400 W 149TH ST Address: Address: OVERLAND PARK, KS 66221 City-St-Zip: City-St-Zip: Title: () Delete Title: SVPS () Change () Addition O'CONNOR, ROBERT B Name: Name: 8800 EAST 63RD STREET Address: Address: KANSAS CITY, MO 64133 City-St-Zip: City-St-Zip: Title: **SVFA** () Delete Title: () Change () Addition SHAY, JAMES C Name: Name: Address: 623 W 69TH TERR. Address: City-St-Zip: KANSAS CITY, MO 64113 City-St-Zip: Title: Title: () Delete () Change () Addition BLAIR, SCOTT E Name: Name: 8800 E 63RD ST Address: Address: City-St-Zip: KANSAS CITY, MO 64113 City-St-Zip: Title: CFOD () Delete Title: () Change () Addition Name: SHAY, JAMES C Name: Address: 623 W 69TH TERR. Address: City-St-Zip: City-St-Zip: KANSAS CITY, MO 64113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E LUND PD 02/04/2004