

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90126 030 ***150.00

DOCUMENT # F97000003530

1. Entity Name
BHA GROUP, INC.



Principal Place of Business
8800 EAST 63RD ST.
KANSAS CITY MO 64133

Mailing Address
8800 EAST 63RD ST.
KANSAS CITY MO 64133

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2968559**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LUND, JAMES E**
STREET ADDRESS **4108 W 123RD ST**
CITY-ST-ZIP **LEAWOOD KS 66209**

TITLE **EVPD** ☐ Delete
NAME **THOME, JAMES J**
STREET ADDRESS **11400 W 149TH ST**
CITY-ST-ZIP **OVERLAND PARK KS 66221**

TITLE **SVPS** ☐ Delete
NAME **O'CONNOR, ROBERT B**
STREET ADDRESS **8800 EAST 63RD STREET**
CITY-ST-ZIP **KANSAS CITY MO 64133**

TITLE **SVFA** ☐ Delete
NAME **SHAY, JAMES C**
STREET ADDRESS **623 W 69TH TERR.**
CITY-ST-ZIP **KANSAS CITY MO 64113**

TITLE **S** ☐ Delete
NAME **BLAIR, SCOTT E**
STREET ADDRESS **8800 E 63RD ST**
CITY-ST-ZIP **KANSAS CITY MO 64113**

TITLE **CFOD** ☐ Delete
NAME **SHAY, JAMES C**
STREET ADDRESS **623 W 69TH TERR.**
CITY-ST-ZIP **KANSAS CITY MO 64113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 816-356-8400
Date Daytime Phone #

CR2E034 (10/02)