## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000003882 (4)

NRL FINANCIAL CORP.

1998

## **FILED** Sep 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 636 ADAMS 636 ADAMS KANSAS CITY KS 66103 KANSAS CITY KS 66103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>48-1124793</u> Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. SD TITLE 1.1 TITLE President X DELETE Change ... Addition HEALY, PAT NAME 1.2 NAME Fred Slamin 636 ADAMS STREET ADDRESS 13 STREET ADDRESS 636 Adams Street KANSAS CITY KS 66103 CITY-ST-ZIP 1.4 CITY-ST-ZIP Kansas City, Kansas 66105 2.1 TITLE TITLE DELETE Change 💹 Addition Vice President OPLIGER, RANDY NAME 2.2 NAME Dave Pedotto 638 ADAMS STREET ADDRESS 2.3 STREET ADDRESS 636 Adams Street KANSAS CITY KS 66103 2.4 CITY-ST-ZIP CITY-ST-ZIP Kansas City, Kansas 66105 Secretary / Director Change Addition TITLE 3.1 TITLE DELETE TILLER, LINDA 3.2 NAME NAME Barton J. Cohen 638 ADAMS 3.3 STREET ADDRESS STREET ADDRESS 636 Adams Street KANSAS CITY KS 66103 3.4 CITY-ST-ZIP CITY-ST-ZIP Kansas City, Kansas 4.1 TITLE TITLE X DELETE Treasurer COON, LOUISE 4.2 NAME NAME EVACAN 638 ADAMS STREET ADDRESS 4.3 STREET ADDRESS KANSAS CITY KS 66103 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5 1 T(T) E Change XX Addition DELETE Director NAME 52 NAME D. Patrick Curran STREET ADDRESS 5.3 STREET ADDRESS 636 Adams Street 6.4 CITY-ST-ZIP CITY-ST-ZIP Kansas City, Kansas 6.1 TITLE TITLE DELETE Change XX Addition Asst.Secretary/Treasurer NAME 6.2 NAME Susan Matsukevich STREET ADDRESS 6.3 STREET ADDRESS 636 Adams Street CITY-ST-ZIP 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 1907(3/n); Fidetia Statutes 19urther centry 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 is placed 40 or black 40 or

912270-322 8-20,00

CR2E034 (5/98)