

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001958

1. Entity Name
ND TECHNOLOGY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90215 033 ***150.00

Principal Place of Business
2805 W. 127TH STREET
LEAWOOD KS 66209

Mailing Address
2805 W. 127TH STREET
LEAWOOD KS 66209-2415

2. Principal Place of Business
14563 W. 96TH TERR.
Suite, Apt. #, etc.

3. Mailing Address
14563 W 96TH TERR.
Suite, Apt. #, etc.

City & State
Lenexa, Kansas

City & State
Lenexa, Kansas

4. FEI Number 43-1799403
Applied For
Not Applicable

Zip 66215 Country USA

Zip 66215 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACHUS, ROBERT E
2830 NW 41ST ST
MS-D1
GAINESVILLE FL 32606

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, F W 2805 W. 127TH STREET LEAWOOD KS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLS, KOYTT O 2805 W 127TH STREET LEAWOOD KS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: FW. DIXON 4/5/00 913-495-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)