2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # E0000005057

FILED May 15, 2000 8:00 am Secretary of State 05-15-2000 90213 028 ***150.00

1. Entity Name AQUILA ENERGY MARKETING CORPORATION							
Principal Place of Business	Mailing Address						
⊕ E 350 HWY ↑ CITY MO 64138	20 W 9TH ST 3-321 KANSAS CITY MO 64105-1704						
2. Principal Place of Business	3. Mailing Address						

± E 350 HW ∫÷} city M		20 W 9TH ST 3-321 KANSAS CITY MO 64105-1704							
•		3. Mailing Address	3. Mailing Address						
				DO NOT W	RITE IN THIS S	PACE			
						<u> </u>			
		City & State	City & State		4.	FEI Number 47-078094	45	<u> </u>	plied For
							 -		t Applicable
		Zip	Count	try 5. C		Certificate of Status Desired		8.75 Add	
641		nt Registered Agent				Name and Address of New			
	o. Haile and Address of Curre	it registered Agent		Name		100000000000000000000000000000000000000		<u></u>	
1200	Principal Place of Business 1100 Walnut Suite, Apt. #, etc. 3300 Zip		}	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324]	City			FL	Zip Codi	e
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or	registered ag	ent, or both, in the State of I	Florida.		
	,		J		•				J
SIGNATURE .	City FL Zip Code City FL Zip Code								
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E. Registered	Agent signatu	re required when re	einstating)	DATE		
Tax filing r	equirement and elects to do so.	After MAY 1, 20	00 Fee v	vill be \$5	50.00			\$5.0 Addec	0 May Be I to Fees
11.	OFFICERS AN	ID DIRECTORS	12.		AD	DITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	
TITLE	D	☐ Delete	TITLE			 -		🛚 Change	☐ Addition ☐
NAME									[]
STREET ADDRESS					20 W.	9th Street]:
CITY-ST-ZIP							<u> </u>	[TP 0)	
TITLE	•	☐ Delete	TITLE NAME					(X) Change	Addition
NAME CTOSET ADDRESS	· ·		,	T ADDRESS	20 ม	9th Street			ſ
CITY-ST-ZIP-				ST-ZIP	20 M.	yen bereet			
TITLE		FZ Delete	TITLE		D	** ***		[X] Change	Addition
NAME	_	₹ Delefe	NAME		_	G. Stamm	1		
STREET ADDRESS			STREE	T ADDRESS		9th Street			{
CITY-ST-ZIP	KANSAS CITY MO 64105		CITY-	ST-ZIP		City, MO 6410	5		
TITLE	D	XXDelete	TITLE		D			☐ Change	X Addition
NAME	HOWELL, ROBERT L		NAME	!		K. Mills			1
STREET ADDRESS	2 WEST NINTH ST.			T ADDRESS	1100 Wa				{
CITY-ST-ZIP	KANSAS CITY MO 64105		CITY-	ST-ZIP	Kansas	City, MO 64106	<u> </u>		
TITLE	S	Delete	TITLE		S			X Change	☐ Addition
NAME	SCHULTE; NANCY J		NAME			J. Browning			}
STREET ADDRESS	20 W 9TH ST			T ADDRESS		9th Street			Ì
CITY-ST-ZIP	KANSAS CITY MO 64105	<u></u>		ST-ZIP	Kansas	City, MO 6410			
TITLE	P SOWEDD K	☐ Delete	TITLE					🔀 Change	☐ Addition
NAME	MILLS, EDWARD K		NAME		1100 1	Jolout			
STREET ADDRESS	2533 N. 117TH AVE.			T ADDRESS ST-ZIP	1100 V		16		}
CITY-ST-ZIP	OMAHA NE 68164	data and return at the end of the	UIIY-	01-41r		City, MO 6410		:	nformation

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: Nancy J. Browning, Secretary Signature and typed on printed halfe of signing officer on Director

816-467-3528