

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90057 013 ***150.00

CR2E034 (9/01)

DOCUMENT # F98000005957

1. Entity Name

AQUILA ENERGY MARKETING CORPORATION

Principal Place of Business

**1100 WALNUT
 3300
 KANSAS CITY MO 64106**

Mailing Address

**20 W 9TH ST 3-321
 KANSAS CITY MO 64105**

2. Principal Place of Business

1100 Walnut, Suite 3300

3. Mailing Address

1100 Walnut, Suite 3300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kansas City, MO

City & State

Kansas City, MO

Zip

64106

Country

USA

Zip

64106

Country

USA

4. FEI Number

47-0780945

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, RICHARD C JR.	
STREET ADDRESS	1100 WALNUT STREET STE 3300	
CITY-ST-ZIP	KANSAS CITY MO 64106	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, ROBERT K	
STREET ADDRESS	20 W 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAMM, KEITH G	
STREET ADDRESS	1100 WALNUT STREET STE 3300	
CITY-ST-ZIP	KANSAS CITY MO 64106	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	STREEK, DANIEL J	
STREET ADDRESS	1100 WALNUT STREET STE 3300	
CITY-ST-ZIP	KANSAS CITY MO 64106	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, NANCY J	
STREET ADDRESS	20 W 9TH ST	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLS, EDWARD K	
STREET ADDRESS	2533 N. 117TH AVE.	
CITY-ST-ZIP	OMAHA NE 68164	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Robert K.	
STREET ADDRESS	20 W 9TH Street	
CITY-ST-ZIP	Kansas City, MO 64105	
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stamm, Keith G.	
STREET ADDRESS	1100 Walnut Street, Suite 3300	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Streek, Daniel J.	
STREET ADDRESS	1100 Walnut Street, Suite 3300	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mills, Edward K.	
STREET ADDRESS	1100 Walnut Street, Suite 3300	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ayers, Jeffrey D.	
STREET ADDRESS	1100 Walnut Street, Suite 3300	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE	SRVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sotak, Ruth C.	
STREET ADDRESS	1100 Walnut Street, Suite 3300	
CITY-ST-ZIP	Kansas City, MO 64106	

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/02

Date

816-527-1427

Daytime Phone #