

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001341

1. Entity Name
AIPC SALES CO.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 042 ***150.00

Principal Place of Business

Mailing Address

1000 ITALIAN WAY
EXCELSIOR SPRINGS MO 64024

1000 ITALIAN WAY
EXCELSIOR SPRINGS MO 64024

2. Principal Place of Business

3. Mailing Address

4100 N. Mulberry Dr.

4100 N. Mulberry Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

Ste 200

City & State

City & State

Kansas City, MO

Kansas City, MO

Zip

Country

Zip

Country

64116

USA

64116

USA

6. Name and Address of Current Registered Agent

4. FEI Number 43-1841448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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
C
SCHROEDER, HORST W
10401 WILLIAM HILTON PKWY
HILTON HEAD ISLAND SC 29928 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCP
WEBSTER, TIMOTHY S
1000 ITALIAN WAY
EXCELSIOR SPRINGS MO 64024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHMIDGALL, WARREN B
1000 ITALIAN WAY
EXCELSIOR SPRINGS MO 64024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WATSON, DAVID E
1000 ITALIAN WAY
EXCELSIOR SPRINGS MO 64024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.15.01

Date

816.584.5241

Daytime Phone #

CR2E034 (10/00)