

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 08:00 AM
Secretary of State

DOCUMENT # F99000004586

1. Entity Name
 WESTERNCE, INC.

| | |
|--|--|
| Principal Place of Business 1014 EAST 19TH STREET KANSAS CITY MO 64108 | Mailing Address 1014 EAST 19TH STREET KANSAS CITY MO 64108 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
| Zip Country | Zip Country |

4. FEI Number
59-3493338

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

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 **06/15/2000**
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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | DTS FRIED EDWARD I 1014 EAST 19TH STREET KANSAS CITY MO 64108 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | D BARNES MICHAEL 7735 FORSYTH BLD, SUITE 1810 ST. LOUIS MO 63105 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D CLELAND WILLIAM J 5459 115TH AVENUE NORTH CLEARWATER FL 33760 | | D VENABLE WILLIAM RIII 5630 GRANADA SHAWNEE MISSION KS 66205 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| AS GUALTIER VINCENT L 600 PLAZA WEST BLDG., 4600 MADISON KANSAS CITY MO 64112 | | A GUALTIER VINCENT L 600 PLAZA WEST BLDG., 4600 MADISON KANSAS CITY MO 64112 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD BOSSHART GARY A 1820 GARRY AVENUE, SUITE 206 SANTA ANA CA 52705 | | D REISLER WILLIAM M 233 WEST 47TH STREET KANSAS CITY MO 64112 | |
| 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 |
| PCD SHULTZ JAMES E 1014 EAST 15TH STREET KANSAS CITY MO 64198 | | | |

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: Edward J. Fried

FILED 06/15/2000