## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jun 15, 2000 08:00 AM DOCUMENT # F9900004586 1. Entity Name **Secretary of State** WESTERNCE, INC. Principal Place of Business Mailing Address 1014 EAST 19TH STREET 1014 EAST 19TH STREET KANSAS CITY мо KANSAS CITY мо 64108 64108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3493338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION 33324 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. 06/15/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE DTS ☐ Change X Addition NAME FRIED **EDWARD** STREET ADDRESS STREET ADDRESS 1014 EAST 19TH STREET CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY 64108 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME BARNES MICHAEL STREET ADDRESS STREET ACCRESS 7735 FORSYTH BLD, SUITE 1810 CITY-ST-ZIF CITY-ST-7IP ST. LOIDS MO 63105 TITLE ☐ Delete TILE X Change ☐ Addition NAME CLELAND WILLIAM NAME VENABLE WILLIAM RШ STREET ADDRESS 5459 115TH AVENUE NORTH STREET ADDRESS 5630 GRANADA CITY-ST-ZIP CLEARWATER 33760 CITY-ST-ZIP SHAWNEE MISSION 66205 TITLE ☐ Defete AS TITLE X Change ☐ Addition NAME GUALTIER VINCENT L NAME GUALTIER VINCENT STREET ADDRESS 600 PLAZA WEST BLDG., 4600 MADISON STREET ADDRESS 600 PLAZA WEST BLDG., 4600 MADISON KANSAS CITY CITY-ST-ZIP KANSAS CITY MO MO 64112 CITY-ST-ZIP 64112 TITLE D ☐ Delete TITLE X Change ☐ Addition NAME BOSSHART GARY NAME REISLER WILLIAM 1820 GARRY AVENUE, SUITE 206 233 WEST 47TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ANA CA 52705 KANSAS CITY МО 64112 CITY-ST-ZIP TITLE PCD ☐ Delete TITLE Change ☐ Addition NAME SHULTZ JAMES NAME STREET ADDRESS 1014 EAST 15TH STREET STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64198 CITY-ST-7/8

FILED

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.

NOMETING. Edward I Eried