

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90158 035 ***158.75

DOCUMENT # F99000005661

1. Entity Name
BUCHER, WILLIS & RATLIFF CORPORATION

Principal Place of Business 7920 WARD PARKWAY KANSAS CITY MO 64114-2021	Mailing Address 7920 WARD PARKWAY KANSAS CITY MO 64114-2017
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7920 Ward Parkway Suite, Apt. #, etc.
---	---

City & State Kansas City, Mo.	4. FEI Number 48-1167542	Applied For <input type="checkbox"/> Not Applicable
Zip 64114-2021	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete SWANSON, JAMES R P.E. 6573 SOUTH SYCAMORE STREET LITTLETON CO 80120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP <input type="checkbox"/> Delete CARR, STEVE D P.E. 1208 LENNOX DRIVE OLATHE, KS. 66062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIN, JIMMY H.C. P.E. 11216 MEADOW LEAWOOD KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WILLIAMSON, RONALD A AICP 11277 HADLEY OVERLAND PARK KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete WHITE, LARRY G AIA 11518 WEST 108TH STREET OVERLAND PARK KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete TOMLINS, PAULA D CPA 12 RED FOX LANE SALINA KS 67401

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Swanson, James R., P.E. 6573 South Sycamore Street Littleton, Co 80120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carr, Steve D., P.E. 1208 Lennox Drive Olathe, KS 66062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lin, Jimmy H.C., P.E. 11216 meadow Leawood KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Flemons, James R. P.E. 1724 Waterside Drive McKinney, TX 75070-3952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lewis, Stephen G. AICP 24500 S.E. 45th Way Issaquah, WA 98029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **1/10/00** **(816) 363-2696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)