


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State


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 64114-2021
--	--

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 48-1167542	Applied For Not Applicable
5. Certificate of Status Desired <input 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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWANSON, JAMES R P.E. 6573 SOUTH SYCAMORE STREET LITTLETON, CO 80120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARR, STEVE D P.E. 1208 LENNOX DRIVE OLATHE, KS 66062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, RONALD A 11277 HADLEY OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMONS, JAMES RPE 1724 WATERSIDE DR MC KINNEY, TX 750703952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, LARRY G 11518 W 108TH STREET OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMLINS, PAULA D CPA 12 RED FOX LANE SALINA, KS 67401

U00000103050
 04/05/04-80040-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Tomlins Date: 3-31-04 Daytime Phone #: 785-827-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR