

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90080 014 \*\*\*150.00

DOCUMENT # F99000005777

1. Entity Name  
CONSPEC MARKETING AND MANUFACTURING CO., INC.

Principal Place of Business  
636 SOUTH 66TH TERRACE  
KANSAS CITY KS 66111

Mailing Address  
636 SOUTH 66TH TERRACE  
KANSAS CITY KS 66111

2. Principal Place of Business

3. Mailing Address  
7777 WASHINGTON VILLAGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 130

City & State

City & State  
DAYTON OHIO

4. FEI Number 48-1125641

Applied For  
Not Applicable

Zip

Country

Zip 45459 Country USA

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name C T CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD  
City PLANTATION FL Zip 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 CHANGE OF REGISTERED AGENT ALREADY ON FILE

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	PCED MADAY, GREGORY S 636 SOUTH 66TH TERRACE KANSAS CITY KS 66111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCD MADAY, ELIZABETH B 636 SOUTH 66TH TERRACE KANSAS CITY KS 66111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT, CEO JOHN A. CICCARELLI 7777 WASHINGTON VILLAGE DR., SUITE 130 DAYTON OHIO 45459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, G.M., DIRECTOR JAMES STEWART 636 SOUTH 66TH TERRACE KANSAS CITY KANSAS 66111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRESIDENT, CFO ALAN F. McILROY 7777 WASHINGTON VILLAGE DR., SUITE 130 DAYTON OHIO 45459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAIME TARRON, JR. 7777 WASHINGTON VILLAGE DR., SUITE 130 DAYTON OHIO 45459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN M. RUTHERFORD 7777 WASHINGTON VILLAGE DR., SUITE 130 DAYTON OHIO 45459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GREGORY S. MADAY 636 SOUTH 66TH TERRACE KANSAS CITY, KANSAS 66111	<input type="checkbox"/> Change <input checked="" 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:

JOHN M. RUTHERFORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. RUTHERFORD 1/11/01 (937) 420-6360  
Date Daytime Phone #

CR2E034 (10/00)