

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09077 (9)

1. Corporation Name  
**HUDSON ENERGY CORPORATION, INC.**



Principal Place of Business: 4720 RAINBOW, SHAWNEE MISSION KS (66205)  
PO BOX B KANSAS CITY KS 66103

Mailing Address: 4720 RAINBOW, SHAWNEE MISSION KS (66205)  
PO BOX B KANSAS CITY KS 66103

3. Date Incorporated or Qualified: 02/13/1986  
3a. Date of Last Report: 03/20/1995

4. FEI Number: 48-0916225  
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	RAIMO, TOM M 5122 W 120TH TERR OVERLAND PARK KS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TSD	CADY, JOYCE H 36 COUVENTRY CRT SHAWNEE MISSION KS	1.2 NAME	
TITLE: D	HUDSON, MARY 4012 W 79TH ST SHAWNEE MISSION KS	1.3 STREET ADDRESS	10217 W 81ST TER #15
TITLE:		1.4 CITY - ST - ZIP	
TITLE:		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
TITLE:		2.4 CITY - ST - ZIP	
TITLE:		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	7580 HOWE CIRCLE 7850
TITLE:		3.4 CITY - ST - ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY - ST - ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Joyce H. Cady (JOYCE H. CADY) 3-8-96 913-362-4000  
Date Daytime Phone #

CR2E034 (12/95)