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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
4720 RAINBOW, SHAWNEE MISSION KS (66205) 4720 RAINBOW, SHAWNEE MISSION KS (66205)  
PO BOX B PO BOX B  
KANSAS CITY KS 66103 KANSAS CITY KS 66103-8000

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25 USA	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/13/1986	03/15/1996
4. FEI Number	Applied For
48-0916225	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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
FL	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAIMO, TOM M	1.2 NAME	
STREET ADDRESS	10217 W. 81ST TER #15	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	
NAME	CADY, JOYCE H	2.2 NAME	
STREET ADDRESS	36 COMVENTRY CRT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HUDSON, MARY	3.2 NAME	
STREET ADDRESS	7850 HOWE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97  
Date

913-362-4000  
Daytime Phone #

CR2E034 (9/96)