2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90002 049 ***150.00

DOCUMENT # P11717

1. Entity Name
FERRELLGAS, INC.

24003252

Principal Place of Business	Mailing Address
ONE LIBERTY PLAZA LIBERTY, MO 64068 US	ONE LIBERTY PLAZA LIBERTY, MO 64068-2971 US

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1285864
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CB
NAME	FERRELL, JAMES E.
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	LIBERTY, MO 64068
TITLE	D
NAME	FERRELL, JAMES E.
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	LIBERTY, MO 64068
TITLE	P
NAME	FERRELL, JAMES
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	LIBERTY, MO 64068
TITLE	AS
NAME	BROWN, CATHY S
STREET ADDRESS	1 LIBERTY PLAZA
CITY-ST-ZIP	LIBERTY, MO 64068
TITLE	S
NAME	VANWINLKE, JAMES R
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	LIBERTY, MO 64068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy Brown Cathy S. Brown 1/7/04 816-792-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #