

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 # P12721 (7)

1. Corporation Name

STAUFFER COMMUNICATIONS, INC.



Principal Place of Business

616 JEFFERSON
TOPEKA KS 66607

Mailing Address

616 JEFFERSON
TOPEKA KS 66607

3. Date Incorporated or Qualified
12/30/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 936

4. FEI Number
51-0048064

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

City & State

City & State

23 Zip Country

28 AUGUSTA GA
29 30903 0936 30 (Richman)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SHEPHERD, FRANK H	300 WOODLAWN	TOPEKA KS	<input checked="" type="checkbox"/>
C	STAUFFER, JOHN H.	2845 JEWELL	TOPEKA KS	<input checked="" type="checkbox"/>
D	LYDDON, JOHN K	377 MARINA BLVD	BOULDER CO	<input checked="" type="checkbox"/>
D	COLLINSON, THOMAS H	1508 WOODLAND TERR	PITTSBURG KS	<input checked="" type="checkbox"/>
D	STAUFFER, WILLIAM A.	4916 HARWOOD DR.	DES MOINES IA	<input checked="" type="checkbox"/>
VPT	DUCKWORTH WILLIAM D.	2510 SW 35TH TERRACE	TOPEKA, KA	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CO	WILLIAM S. MORRIS III	725 Broad St	AUGUSTA, GA 30901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	PAUL S. SIMON	725 Broad St	AUGUSTA, GA 30901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TS	WILLIAM A. HEARN III	725 Broad St	AUGUSTA, GA 30901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

4/18/96

706 823 3380

Date

Daytime Phone #

CR2E034 (12/95)