

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90005 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18580**  
 1. Corporation Name  
**FAIRBANKS SCALES, INC.**

Principal Place of Business 821 LOCUST KANSAS CITY MO 64106	Mailing Address 821 LOCUST KANSAS CITY MO 64106
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/28/1988</b>	
4. FEI Number <b>43-1464165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NORDEN, F.A.</b>	
STREET ADDRESS	<b>821 LOCUST</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAVES, BEN H.</b>	
STREET ADDRESS	<b>821 LOCUST</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, ART</b>	
STREET ADDRESS	<b>821 LOCUST</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NORDEN, RICHARD</b>	
STREET ADDRESS	<b>821 LOCUST ST</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, SHIRLEY A</b>	
STREET ADDRESS	<b>821 LOCUS</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO 64106</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARPE, C.N.</b>	
STREET ADDRESS	<b>500 E. 9TH STREET</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO 64106</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairman &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>President, COO, Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-8-99 DAYTIME PHONE #: 816-471-0231

CR2E034 (1/98)