## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P18580  1. Entity Name  FAIRBANKS SCALES, INC.						Secretary of State 02-21-2002 90054 049 ***150.00			
Principal Place of Business 821 LOCUST KANSAS CITY MO 64106		Mailing Address 821 LOCUST KANSAS CITY MO 64106					1 108/1001 10F (1005 (0/A) 0/A0 (0/A)	ALBIN ALBIY ANGYI ALGIY A	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	9	City & State				4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Zip Coun		5		tificate of Status Desired	\$9.75	ditional
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Name Street Ad	ddress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				City	City FL Zip Code				e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 200  Make Check Payable				Registered Agent signature required  FEE IS \$150.00  Fee will be \$550.00  to Department of State			10. Election Campaign Financin Trust Fund Contribution.	☐ Added	<b>0</b> May Be I to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CCEO NORDEN, F.A. 821 LOCUST KANSAS CITY MO	DIRECTORS Delete			170	ADDIT	TIONS/CHANGES TO OFFICERS	S AND DIRECTORS  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	VPST GIBSON, ART 821 LOCUST KANSAS CITY MO	<b>X</b> Delete			821	Loc	. Weinstein cust City MO 64106	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO NORDEN, RICHARD 821 LOCUST ST KANSAS CITY MO	☐ Oelete			PCO	OST		<b>☆</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HALL, SHIRLEY A 821 LOCUS KANSAS CITY MO 64106	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharpe, C.N. 500 E. 9Th Street Kansas City MO 64106	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	CITY-	E Et address - St-Zip	1::0-4			Change	Addition

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. If 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRIVITED NAME OF SIGNING OFFICER OF DIRECTOR.

Designed Plone 4.