

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21086 (4)**

1. Corporation Name  
**THE PRITCHARD CORPORATION**



Principal Place of Business <b>% THE CORPORATION TRUST COMPANY                  10950 GRANDVIEW                  OVERLAND PARK KS 66210</b>	Mailing Address <b>PO BOX 8405                  LEGAL DEPT.. A2                  KANSAS CITY MO 64114-0405</b>
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3. Date Incorporated or Qualified <b>09/28/1988</b>	3a. Date of Last Report <b>05/20/1996</b>
4. FEI Number <b>43-1150912</b>	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current 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  
 85 Zip Code **FL**

10. Name and Address of New Registered Agent

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's signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NOBLES, J.E. 9924 CATALINA OVERLAND PARK KS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP LUPO, J.V. 9521 W. 118TH TERR. OVERLAND PARK KS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP LELAND, R.L. 5815 CHEROKEE DR. FAIRWAY KS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ANTRIM, C.M. 5004 S. WHITNEY CT. INDEPENDENCE MO</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCD DIXON, D.D. 2002 W 91ST ST LEAWOOD KS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEDEMANN, G. C 8241 W. 123RD TERR OVERLAND PARK KS</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: \_\_\_\_\_ 11/22/97 (912) 440-2000

CR2E034 (9/96)