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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P21086

(4)

1. Corporation Name

THE PRITCHARD CORPORATION

Principal Place of Business

% THE CORPORATION TRUST COMPANY  
10950 GRANDVIEW  
OVERLAND PARK KS 66210

Mailing Address

PO BOX 8405  
LEGAL DEPT.. A2  
KANSAS CITY MO 64114-0405



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

FL

85

Zip Code

3. Date Incorporated or Qualified

09/28/1988

3a. Date of Last Report

05/20/1996

4. FEI Number

43-1150912

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

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NOBLES, J.E.  
STREET ADDRESS 9924 CATALINA  
CITY-ST-ZIP OVERLAND PARK KS

TITLE SVP ☐ DELETE

NAME LUPO, J.V.  
STREET ADDRESS 9521 W. 118TH TERR.  
CITY-ST-ZIP OVERLAND PARK KS

TITLE SVP ☐ DELETE

NAME LELAND, R.L.  
STREET ADDRESS 5815 CHEROKEE DR.  
CITY-ST-ZIP FAIRWAY KS

TITLE V ☐ DELETE

NAME ANTRIM, C.M.  
STREET ADDRESS 5004 S. WHITNEY CT.  
CITY-ST-ZIP INDEPENDENCE MO

TITLE CCD ☐ DELETE

NAME DIXON, D.D.  
STREET ADDRESS 2002 W 91ST ST  
CITY-ST-ZIP LEAWOOD KS

TITLE S ☐ DELETE

NAME HEDEMANN, G. C  
STREET ADDRESS 8241 W. 123RD TERR  
CITY-ST-ZIP OVERLAND PARK KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)