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 # **P21547** **(5)**

1. Corporation Name

THOMAS K. DYER, INC.

Principal Place of Business	Mailing Address
1201 WALNUT P.O. BOX 412197 KANSAS CITY MO 64141	1201 WALNUT P.O. BOX 412197 KANSAS CITY MO 64141

3. Date Incorporated or Qualified: **10/28/1988**

3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **04-2347018** ☐ 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

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 **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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	O'REILLY, CHARLES L.		12 NAME		
STREET ADDRESS	75 SHERIDAN ST.		13 STREET ADDRESS		
CITY-ST-ZIP	WOBURN MA		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WIGHT, JOHN W. JR.		22 NAME		
STREET ADDRESS	11 PARK LN		23 STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ		24 CITY-ST-ZIP		
TITLE	VAT	☒ DELETE	31 TITLE	VP	☐ Change ☒ Addition
NAME	HARTSOE, GLEN E.		32 NAME	Wuestmann, David C.	
STREET ADDRESS	11 SHERSOOD DR.		33 STREET ADDRESS	79 Hawthorne Village Rd.	
CITY-ST-ZIP	NORTH HAVEN CT		34 CITY-ST-ZIP	Nashua, NH 03062	
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	COMA, ROBERT S		42 NAME		
STREET ADDRESS	1215 NW 43RD TERRACE		43 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		44 CITY-ST-ZIP		
TITLE	AST	☒ DELETE	51 TITLE	AS	☐ Change ☒ Addition
NAME	LINCOLN, KENDALL T.		52 NAME	Anderson, James R.	
STREET ADDRESS	6324 DEARBORN DRIVE		53 STREET ADDRESS	13803 Goodman	
CITY-ST-ZIP	MISSION KS		54 CITY-ST-ZIP	Overland Park, KS 66223	
TITLE		☐ DELETE	61 TITLE	AT	☐ Change ☒ Addition
NAME			62 NAME	Schuering, Michael E.	
STREET ADDRESS			63 STREET ADDRESS	1844 N. Waterfield Lane	
CITY-ST-ZIP			64 CITY-ST-ZIP	Blue Springs, MO 64014	

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: Michael E. Schuering — Michael E. Schuering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96
Date

(816)472-1201
Daytime Phone #

CR2E034 (12/95)