

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21547 (5)

1. Corporation Name
THOMAS K. DYER, INC.

Principal Place of Business

**1201 WALNUT
P.O. BOX 412187
KANSAS CITY MO 64141**

Mailing Address

**1201 WALNUT
P.O. BOX 412187
KANSAS CITY MO 64141-2187**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1988		3a. Date of Last Report 04/16/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 04-2347018		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, CHARLES L.	1.2 NAME	
STREET ADDRESS	75 SHERIDAN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOBBURN MA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGHT, JOHN W. JR.	2.2 NAME	Vice-President Director
STREET ADDRESS	11 PARK LN	2.3 STREET ADDRESS	Edward McSpedon
CITY-ST-ZIP	MADISON NJ	2.4 CITY-ST-ZIP	7252 Elmsburn Lane
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUESTMANN, DAVID C.	3.2 NAME	
STREET ADDRESS	79 HAWTHORNE VILLAGE RD	3.3 STREET ADDRESS	West Hills, CA 91307
CITY-ST-ZIP	NASHUA NH	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMA, ROBERT S	4.2 NAME	Director
STREET ADDRESS	1215 NW 43RD TERRACE	4.3 STREET ADDRESS	John G. Finn
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	13 Birch Road
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JAMES R.	5.2 NAME	Treasurer, Assistant Secretary
STREET ADDRESS	13803 GOODMAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUERING, MICHAEL E.	6.2 NAME	Secretary/Assistant Treasurer
STREET ADDRESS	1844 N WATERFIELD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE SPRINGS MO	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:  **Michael E. Schuering** **4-14-97** **(816)472-1201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0483901

CR2E034 (9/96)