

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90114 010 ***150.00

0068666 .AB

DOCUMENT # P23200

1. Entity Name
SEGA, INC. OF KANSAS



Principal Place of Business
**16041 FOSTER
STILWELL KS 66085
US**

Mailing Address
**PO BOX 1000
STILWELL KS 66085-1000
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **43-0981939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **KRAATZ, KEVIN R**
STREET ADDRESS **23005 WEST 207TH**
CITY-ST-ZIP **SPRINGHILL KS**

TITLE **VD** ☐ Change ☒ Addition
NAME **Schaller, Bruce J.**
STREET ADDRESS **10500 W. 149th St**
CITY-ST-ZIP **Overland Park, KS**

TITLE **D** ☒ Delete
NAME **GRUBAUGH, TIMOTHY L.**
STREET ADDRESS **2816 WEST 48TH ST.**
CITY-ST-ZIP **WESTWOOD KS**

TITLE **TD** ☐ Change ☒ Addition
NAME **Craig, Joanne**
STREET ADDRESS **25495 W. 135th St**
CITY-ST-ZIP **Olathe, KS**

TITLE **D** ☒ Delete
NAME **SANDS, RICHARD D.**
STREET ADDRESS **11330 PENNSYLVANIA**
CITY-ST-ZIP **KANSAS CITY MO**

TITLE **SD** ☐ Change ☒ Addition
NAME **Dennis, Judith**
STREET ADDRESS **15913 Marty Ln**
CITY-ST-ZIP **Stilwell, KS**

TITLE **V** ☐ Delete
NAME **CARBALLEIRA, JORGE**
STREET ADDRESS **7315 W. 74TH ST**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE **VD** ☒ Change ☐ Addition
NAME **Carballeira, Jorge**
STREET ADDRESS **7315 W. 74th St**
CITY-ST-ZIP **Overland Park, KS**

TITLE **VD** ☐ Delete
NAME **ROGERS, CHRIS R**
STREET ADDRESS **5452 W. 133RD TERR.**
CITY-ST-ZIP **LEAWOOD KS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PVD** ☐ Delete
NAME **BROWN JR, JOHN W**
STREET ADDRESS **1801 DRUMM AVE**
CITY-ST-ZIP **INDEPENDENCE MO**

TITLE **PVD** ☒ Change ☐ Addition
NAME **Brown Jr., John W.**
STREET ADDRESS **17801 E. 30th Terr Ct So.**
CITY-ST-ZIP **Indenpendence, MO**

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Joanne Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

vp/ceof/treas.

4/10/03

(913) 681-2881

Date

Daytime Phone #

CR2E034 (10/02)