

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P27628** (7)  
1. Corporation Name  
**CENTEL DIRECTORY COMPANY**

96 MAY -6 PM 3:13



Principal Place of Business <b>7015 COLLEGE BLVD. STE. 400 OVERLAND PARK KS 60631 US</b>		Mailing Address <b>P.O. BOX 7974 SHAWNEE MISSION KS 66207-0974 US</b>		3. Date incorporated or Qualified <b>01/02/1990</b>	3a. Date of Last Report <b>06/23/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 25	2b. Mailing Address 29 City & State 30	4. FEI Number <b>36-3579194</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name	10. Name and Address of New Registered Agent	
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent; signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALSH, ROBERT J.</b>			1.2 NAME			
STREET ADDRESS	<b>7015 COLLEGE BLVD., STE. 400</b>			1.3 STREET ADDRESS	<b>800001812128</b>		
CITY-ST-ZIP	<b>OVERLAND PARK KS</b>			1.4 CITY-ST-ZIP	<b>-05/07/96--01160--012</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>***400.00</b>		
NAME	<b>KEMPER, DONALD L.</b>			2.2 NAME			
STREET ADDRESS	<b>7015 COLLEGE BLVD. STE. 400</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OVERLAND PARK KS 66211</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>GARVIN, J.</b>			3.2 NAME	<b>Doering, Tad</b>		
STREET ADDRESS	<b>7015 COLLEGE BLVD., STE. 400</b>			3.3 STREET ADDRESS	<b>7015 College Blvd., Ste 400</b>		
CITY-ST-ZIP	<b>OVERLAND PARK KS</b>			3.4 CITY-ST-ZIP	<b>Overland Park, KS</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MIESKE, JOHN L.</b>			4.2 NAME			
STREET ADDRESS	<b>7015 COLLEGE BLVD., STE. 400</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OVERLAND PARK KS</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BRANYAN, BRUCE H</b>			5.2 NAME			
STREET ADDRESS	<b>2330 SHAWNEE MISSION PARKWAY</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WESTWOOD KS 66205</b>			5.4 CITY-ST-ZIP			
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KURTZ, A. A</b>			6.2 NAME			
STREET ADDRESS	<b>2330 SHAWNEE MISSION PARKWAY</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WESTWOOD KS</b>			6.4 CITY-ST-ZIP			

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: Donald L. Kemper Date: 4-24-96 (913) 491-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)

No ax dec