

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)

96 MAY -6 PM 3:13

1. Corporation Name

CENTEL DIRECTORY COMPANY



Principal Place of Business

7015 COLLEGE BLVD.  
STE. 400  
OVERLAND PARK KS 66031  
US

Mailing Address

P.O. BOX 7974  
SHAWNEE MISSION KS 66207-0974  
US

3. Date Incorporated or Qualified  
01/02/1990

3a. Date of Last Report  
06/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

36-3579194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALSH, ROBERT J.  
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400  
CITY-ST-ZIP OVERLAND PARK KS

☐ DELETE

TITLE V  
NAME KEMPER, DONALD L.  
STREET ADDRESS 7015 COLLEGE BLVD. STE. 400  
CITY-ST-ZIP OVERLAND PARK KS 66211

☐ DELETE

TITLE VS  
NAME GARVIN, J.  
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400  
CITY-ST-ZIP OVERLAND PARK KS

☒ DELETE

TITLE V  
NAME MIESKE, JOHN L.  
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400  
CITY-ST-ZIP OVERLAND PARK KS

☐ DELETE

TITLE D  
NAME BRANYAN, BRUCE H  
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY  
CITY-ST-ZIP WESTWOOD KS 66205

☐ DELETE

TITLE CD  
NAME KURTZ, A. A  
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY  
CITY-ST-ZIP WESTWOOD KS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

800001812128

-05/07/96--01160--012

\*\*\*\*400.00 \*\*\*\*200.00

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Doering, Tad  
7015 College Blvd., Ste 400  
Overland Park, KS

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-96

(913) 491-7000

CR2E034 (12/95)