

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90436 008 ***150.00

DOCUMENT # P27628
 1. Entity Name

CENDEL DIRECTORY COMPANY

Principal Place of Business	Mailing Address
7015 COLLEGE BLVD STE 400 OVERLAND PARK, KS 60631 USA	903 E. 104TH STREET KANSAS CITY, MO 64131 USA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6500 SPRINT PARKWAY
City & State	Suite, Apt. #, etc. HL-5ASTX
OVERLAND PARK, KS	

00057543

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
36-3579194	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT	
STREET ADDRESS	7015 COLLEGE BLVD, STE 400	
CITY - ST - ZIP	OVERLAND PARK, KS 66211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEMPER, DONALD L.	
STREET ADDRESS	7015 COLLEGE BLVD, STE 400	
CITY - ST - ZIP	OVERLAND PARK, KS 66211	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	C-B. SLOAN	
STREET ADDRESS	7015 COLLEGE BLVD, STE 400	
CITY - ST - ZIP	OVERLAND PARK, KS 66211	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIESKE, JOHN L.	
STREET ADDRESS	7015 COLLEGE BLVD, STE 400	
CITY - ST - ZIP	OVERLAND PARK, KS 66211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANYAN, BRUCE	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY - ST - ZIP	WESTWOOD, KS 66205	
TITLE	C	<input type="checkbox"/> Delete
NAME	JAY M. MILL	
STREET ADDRESS	7015 COLLEGE BLVD, STE 400	
CITY - ST - ZIP	OVERLAND PARK, KS 66211	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jay M. Mill* JAY M. MILL *4/26/00* 913-315-5820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #