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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30207** **(5)**

1. Corporation Name
SCOUT DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2600 GRAND AVE **SUITE 500** **KANSAS CITY MO 64108** **US**	**P.O. BOX 410949** **KANSAS CITY MO 64141-0949**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/17/1990**
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **43-1548510** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

C T CORPORATION SYSTEM
1200 SOUTH 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 person executing this form, and title if applicable) (NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, WILLIAM D.		1.2 NAME	
STREET ADDRESS	5821 BROOKBANK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, W. THOMAS, II		2.2 NAME	
STREET ADDRESS	6400 INDIAN LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, P. ANTHONY		3.2 NAME	
STREET ADDRESS	3101 OLD PECOS TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM		3.4 CITY-ST-ZIP	
TITLE	EV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROYER, ROBERT W		4.2 NAME	
STREET ADDRESS	3101 OLD PECOS TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM		4.4 CITY-ST-ZIP	
TITLE	EVD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LEVINSON, ANTHONY L		5.2 NAME	
STREET ADDRESS	8112 HIGH DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TUSHAUS, JULIE A		6.2 NAME	
STREET ADDRESS	9303 BELINDER		6.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Anthony Levinson Anthony L. levinson 3/10/97 816-842-7000