

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
2600 GRAND AVE
SUITE 500
KANSAS CITY MO 64108
US

Mailing Address
P.O. BOX 410949
KANSAS CITY MO 64141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 5000 W. 95th. St.
Suite, Apt. #, etc.

22 Suite 260
City & State

23 Shawnee Mission KS
Zip Country

24 66207 25 US

2a. Mailing Address
26 P.O. Box 7568
Suite, Apt. #, etc.

27
City & State

28 Shawnee Mission KS
Zip Country

29 66207 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D GRANT, WILLIAM D.
STREET ADDRESS 5821 BROOKBANK LANE
CITY-ST-ZIP MISSION HILLS KS ☐ DELETE

TITLE
NAME CD GRANT, W. THOMAS, II
STREET ADDRESS 6400 INDIAN LANE
CITY-ST-ZIP MISSION HILLS KS ☐ DELETE

TITLE
NAME PD JACOBS, P. ANTHONY
STREET ADDRESS 3101 OLD PECOS TRAIL
CITY-ST-ZIP SANTA FE NM ☐ DELETE

TITLE
NAME EV ROYER, ROBERT W
STREET ADDRESS 3101 OLD PECOS TRAIL
CITY-ST-ZIP SANTA FE NM ☒ DELETE

TITLE
NAME EVD LEVINSON, ANTHONY L
STREET ADDRESS 8112 HIGH DR
CITY-ST-ZIP LEAWOOD KS ☐ DELETE

TITLE
NAME ST TUSHAUS, JULIE A
STREET ADDRESS 9303 BELINDER
CITY-ST-ZIP LEAWOOD KS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 5000 W. 95th. St., Suite 260
5.4 CITY-ST-ZIP Shawnee Mission, KS 66207

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Julie A. Tushaus

4/28/98

CP2E034 (10/97)