

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

DOCUMENT # **P30693** (6)
1. Corporation Name
BLACK & VEATCH POWER DEVELOPMENT CORPORATION



Principal Place of Business: **PO BOX 8405 KANSAS CITY MO 64114-0405**
Mailing Address: **PO BOX 8405 KANSAS CITY MO 64114-0405**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 P.O. Box 8405
27 Suite, Apt. #, etc.
27 Legal Dept., A2
28 City & State
28 Kansas City, MO
29 Zip
30 64114
30 Country
30 USA

3. Date Incorporated or Qualified: **08/03/1990**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **43-1543561**
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

**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
85 Zip Code
FL

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 (if applicable)

Title (if applicable) Agent (agent or representative of corporation)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAM, P.J.	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUGGS, J.W.	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAN METER, R.K.	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, D.T.	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAY, S. M.	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	W. F. HALL	
STREET ADDRESS	1500 MEADOW LAKE PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P Gunn, G.Y.
23 STREET ADDRESS	11401 Lamar
24 CITY-ST-ZIP	Overland Park, KS
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: /P.J. Adam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96 (913) 339-2000
DATE FILING FEE

CR2E034 (12/95)