


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 8405 LEGAL DEPT., A2 KANSAS CITY MO 64114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1990	
21	Suite, Apt. #, etc.	26	P.O. Box 8405	4. FEI Number 43-1543561	
22	City & State	27	Tax Dept - Pl	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Kansas City, MO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	64114	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAM, P.J.			1.2 NAME	PJ Adams		
STREET ADDRESS	11401 LAMAR			1.3 STREET ADDRESS	8400 Ward Parkway		
CITY-ST-ZIP	OVERLAND PARK KS			1.4 CITY-ST-ZIP	Kansas City, MO 64114		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNN, G.Y.			2.2 NAME			
STREET ADDRESS	11401 LAMAR			2.3 STREET ADDRESS			
CITY-ST-ZIP	OVERLAND PARK KS			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN METER, R.K.			3.2 NAME			
STREET ADDRESS	11401 LAMAR			3.3 STREET ADDRESS			
CITY-ST-ZIP	OVERLAND PARK KS			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, D.T.			4.2 NAME			
STREET ADDRESS	11401 LAMAR			4.3 STREET ADDRESS			
CITY-ST-ZIP	OVERLAND PARK KS			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAY, S. M.			5.2 NAME	SA Armbruster		
STREET ADDRESS	11401 LAMAR			5.3 STREET ADDRESS	11401 Lamar		
CITY-ST-ZIP	OVERLAND PARK KS			5.4 CITY-ST-ZIP	Overland Park, KS 66211		
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE	T/DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	W. F. HALL			6.2 NAME	Wayne F. Hall		
STREET ADDRESS	1500 MEADOW LAKE PARKWAY			6.3 STREET ADDRESS	11401 Lamar		
CITY-ST-ZIP	KANSAS CITY MO			6.4 CITY-ST-ZIP	Overland Park, KS 66211		

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: *Wayne F. Hall* Treasurer
 4-29-98 (913) 458-2000

CR2E034 (10/97)