

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 # **P30804** (9)

1. Corporation Name
VARI-X, INC.



Principal Place of Business: **9221 QUIVIRA ROAD OVERLAND PARK KS 66215 US**
Mailing Address: **625 ALASKA AVE TORRANCE CA 90503 US**

3. Date Incorporated or Qualified: **09/05/1990**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **95-2949907**
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

2. Principal Place of Business: **21 9221 QUIVIRA ROAD**
22. Suite, Apt. #, etc.:
23. City & State: **OVERLAND PARK KS**
24. Zip: **66215** 25. Country: **USA**

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):
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is preferred for registration.)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: TONG, PETER	
STREET ADDRESS: 625 ALASKA AVE TORRANCE CA	
CITY-ST-ZIP:	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: HOFMANN, DREW	
STREET ADDRESS: 625 ALASKA AVE TORRANCE CA	
CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE
NAME: WORLEY, JACK	
STREET ADDRESS: 29451 AUKLET LANE LAGUNA NIGUEL CA	
CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE
NAME: DANN, NORMAN	
STREET ADDRESS: 5285 HOWARDS POINTS ROAD SHOREWOOD MN	
CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KOPPERL, PAUL B.	
STREET ADDRESS: P.O. BOX 301 WEST STOCKBRIDGE MA	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: KARL BRAUN	
1.3 STREET ADDRESS: MUNZINGER STRASSE 3 D-77111 FREIBURG GERMANY	
1.4 CITY-ST-ZIP:	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: DANIEL T. REINER	
2.3 STREET ADDRESS: 6112 W. GREENWOOD DR. SOMIS, CA 92066	
2.4 CITY-ST-ZIP:	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: JOHN G. BOLLINGER	
3.3 STREET ADDRESS: 6117 S. HIGHLANDS AVE MADISON WI 53705	
3.4 CITY-ST-ZIP:	
4.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: JAN WALKER	
4.3 STREET ADDRESS: 625 ALASKA AVE. TORRANCE, CA 90503	
4.4 CITY-ST-ZIP:	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: NOEL URBAN	
5.3 STREET ADDRESS: 182 DIBBLE HILL Rd. West Cornwall, CT 06796	
5.4 CITY-ST-ZIP:	
6.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Michael Bredlow	
6.3 STREET ADDRESS: 9221 QUIVIRA Rd. OVERLAND PARK, KS	
6.4 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: John W. Worley **JOHN W. WORLEY** 3/05/96 (310)330 8425
DATE: _____ DIALING PHONE: _____

CR2E034 (12/95)