

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

113

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AT

DOCUMENT # - R35874

1. Entity Name
NCP DADE POWER INCORPORATED



FILED

03 APR 29 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1100 WALNUT
SUITE 3300
KANSAS CITY MO 64105
US

Mailing Address
20 W 9TH STREET
ATTN: SARA HENNING
KANSAS CITY MO 64106
US

2. Principal Place of Business
20 W. 9th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kansas City, MO

City & State

4. FEI Number 33-0505981
Applied For
Not Applicable

Zip 64105 Country
Zip 64105 Country

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

☒ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GREEN, ROBERT K 2318 WEST 59TH STREET SHAWNEE MISSION KS 66208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, EDWARD K 8415 MEADOW LANE SHAWNEE MISSION KS 66206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, EDWARD K 8415 MEADOW LANE SHAWNEE MISSION KS 66206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STREEK, DANIEL 6831 N CHARLESTON DR KANSAS CITY MO 64119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYERS, JEFFREY 12500 SAGAMORE ROAD SHAWNEE MISSION KS 66209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENNING, SARA L 5228 W 57TH TERRACE SHAWNEE MISSION KS 66205	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200017306942	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara L. Henning REQUIRED Sara L. Henning, Secretary 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Directors and Officers Report

NCP Dade Power Incorporated

DIRECTORS

Michael G. Jonagan **Director**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

OFFICERS

Michael G. Jonagan **President**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Sara L. Henning **Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Timothy M. Spear **Assistant Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Brogan T. Sullivan **Assistant Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Randal P. Miller **Treasurer**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Joseph L. Gocke **Assistant Treasurer**
Primary Address: 1100 Walnut, Suite 3300
Kansas City, MO 64106 USA

5/3



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 071245 4350171

AUTHORIZATION : *Patricia Pajito*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:28 AM

ORDER NO. : 071245-045

CUSTOMER NO: 4350171

CUSTOMER: Ms. Beth Van De Vyvere
Aquila, Inc.
20 West Ninth Street
Mail Stop 3-122
Kansas City, MO 64105

ANNUAL REPORT FILING

NAME: NCP DADE POWER INCORPORATED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: _____

RECEIVED
03 APR 29 PM 12:06
DIVISION OF CORPORATION