

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P36246**

1. Entity Name

FARMLAND HYDRO, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90113 016 ***150.00

614735

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3315 N OAK TRAFFICWAY
DEPT 54
KANSAS CITY MO 64116-0005
US**

Mailing Address
**PO BOX 7305
DEPT 54
KANSAS CITY MO 64116-0005
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1589264**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	C			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HONSE, ROBERT W	3315 N OAK TRAFFICWAY	KANSAS CITY MO 64116						
	VSTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NUNN, KENT G	3315 N OAK TRAFFICWAY	OSLO, NORWAY						
	DV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RIEMANN, STANLEY A	3315 N OAK TRAFFICWAY	KANSAS CITY MO						
	P			<input type="checkbox"/> Delete		DP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LIE, OLE H	3315 N OAK TRAFFICWAY	KANSAS CITY MO 64116			LIE, OLE H.	3315 N. OAK TRAFFICWAY	KANSAS CITY MO 64116	
	ASAT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RENS, TIM	3315 N OAK TRAFFIC WAY	KANSAS CITY MO 64116						
	VPO			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FARRIS, MERLE	3315 N. OAK TRAFFICWAY	KANSAS MO 64116						

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent G. Nunn, VP/Sec./Treas. 1-12-01 816/459-5137

Date

Daytime Phone #

CR2E034 (10/00)