

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90014 016 ***150.00

0610294 AT

DOCUMENT # P36246

1. Entity Name

FARMLAND HYDRO, INC.

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

12200 N. Ambassador Dr.

3. Mailing Address

P.O. Box 20111

Suite, Apt. #, etc.

Dept. 54

Suite, Apt. #, etc.

Dept. 54City & State
Kansas City, MOCity & State
Kansas City, MO

4. FEI Number

43-1589264

Applied For

Not Applicable

Zip
64163-1244Country
USAZip
64195-0111Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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

TITLE **C** ☐ Delete
NAME **HONSE, ROBERT W**
STREET ADDRESS **3315 N OAK TRAFFICWAY**
CITY-ST-ZIP **KANSAS CITY MO 64116**TITLE **VSTD** ☒ Delete
NAME **NUNN, KENT G**
STREET ADDRESS **3315 N OAK TRAFFICWAY**
CITY-ST-ZIP **OSLO, NORWAY**TITLE **DV** ☐ Delete
NAME **RIEMANN, STANLEY A**
STREET ADDRESS **3315 N OAK TRAFFICWAY**
CITY-ST-ZIP **KANSAS CITY MO**TITLE **DP** ☒ Delete
NAME **LIE, OLE H**
STREET ADDRESS **3315 N OAK TRAFFICWAY**
CITY-ST-ZIP **KANSAS CITY MO 64116**TITLE **ASAT** ☒ Delete
NAME **RENS, TIM**
STREET ADDRESS **3315 N OAK TRAFFIC WAY**
CITY-ST-ZIP **KANSAS CITY MO 64116**TITLE **VPO** ☐ Delete
NAME **FARRIS, MERLE**
STREET ADDRESS **3315 N. OAK TRAFFICWAY**
CITY-ST-ZIP **KANSAS MO 64116**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **HONSE, ROBERT W**
STREET ADDRESS **12200 N. AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**TITLE **VSTD** ☐ Change ☒ Addition
NAME **TERRY, ROBERT B**
STREET ADDRESS **12200 N AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**TITLE **C** ☒ Change ☐ Addition
NAME **RIEMANN, STANLEY A**
STREET ADDRESS **12200 N AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**TITLE **DP** ☐ Change ☒ Addition
NAME **CAVAZUTI, EDWARD**
STREET ADDRESS **12200 N AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**TITLE **DV** ☐ Change ☒ Addition
NAME **ALMENDINGEN, ARNDT**
STREET ADDRESS **12200 N AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**TITLE **VPO** ☒ Change ☐ Addition
NAME **FARRIS, MERLE**
STREET ADDRESS **12200 N AMBASSADOR DR**
CITY-ST-ZIP **KANSAS CITY MO 64163**

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

Robert B. Terry
VP/Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/11/02**
Date**816/713-5137**
Daytime Phone #

CR2E034 (9/01)