FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37924** **(8)**

1. Corporation Name

UNIVERSAL SYSTEMS OF AMERICA, INC.

Principal Place of Business	Mailing Address
12900 METCALF OVERLAND KS 66213-620 US	PO BOX 2948 OVERLAND PARK KS 66201-348 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1992	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 48-0933220 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T 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 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. I hereby 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTBO	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HOTZE, DALE W.	12 NAME	Neal, Louise K.	
STREET ADDRESS	12900 METCALF	13 STREET ADDRESS	12346 Craig	
CITY-ST-ZIP	OVERLAND PARK KS	14 CITY-ST-ZIP	Overland Park, KS 66213	
TITLE	VP	21 TITLE	VP/T/D	☐ Change ☒ Addition
NAME	BREMSER, ROSE ANN	22 NAME	de Mattos, Daniel	
STREET ADDRESS	12900 METCLAF	23 STREET ADDRESS	9507 White Hemlock Lane	
CITY-ST-ZIP	OVERLAND PARK KS	24 CITY-ST-ZIP	Charlotte, NC 28270	
TITLE	VPM	31 TITLE	D	☐ Change ☒ Addition
NAME	MOSSBARGER, CAROLE C.	32 NAME	Johnson, Allan H.	
STREET ADDRESS	12900 METCALF	33 STREET ADDRESS	7108 Sexton House Lane	
CITY-ST-ZIP	OVERLAND PARK KS	34 CITY-ST-ZIP	Charlotte, NC 28277	
TITLE	VPSB	41 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	YAKIMO, PATRICIA A.	42 NAME	Hurst, William	
STREET ADDRESS	12900 METCALF	43 STREET ADDRESS	991 Roxbury Road	
CITY-ST-ZIP	OVERLAND PARK KS	44 CITY-ST-ZIP	San Marino, CA 91108	
TITLE	CEB	51 TITLE		☐ Change ☐ Addition
NAME	SIMMS, WILLIAM	52 NAME		
STREET ADDRESS	100 NORTH TYRON STREET SUITE 2600	53 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	54 CITY-ST-ZIP		
TITLE	CEB	61 TITLE		☐ Change ☐ Addition
NAME	GOODING, DAVID E	62 NAME		
STREET ADDRESS	1150 SOUTH OLIVE STREET	63 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	64 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)(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: Louise K. Neal 5-10-95 913-681-220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477749 FP