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 -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38105** **(5)**

1. Corporation Name
VERKERKE, INC.

Principal Place of Business
200 S. ANDREWS AVE.
SUITE 14 - ONE MUSEUM PLAZA
FT. LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE.
SUITE 14 - ONE MUSEUM PLAZA
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1992**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21: **15007 W. 101st Terrace**
22: Suite, Apt. #, etc:
23: City & State: **Lenexa, KS**
24: Zip: **66285** 25: Country:

2a. Mailing Address
26: **P.O.Box 419479-TAX407**
27: Suite, Apt. #, etc:
28: City & State: **Kansas City, MO**
29: Zip: **64141-6479** 30: Country: **U.S.A.**

4. FEI Number: **65-0334124** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHWAB, MARK J	12 NAME	
STREET ADDRESS	2501 MAGEE TRAFFICWAY	13 STREET ADDRESS	See attached
CITY ST ZIP	KANAS CITY MO 64108	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	EGAN, CHARLES J JR	22 NAME	
STREET ADDRESS	712 E. 47TH ST.	23 STREET ADDRESS	
CITY ST ZIP	KANAS CITY MO 64110	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WHITTAKER, JUDITH	32 NAME	
STREET ADDRESS	5900 MISSION DR.	33 STREET ADDRESS	
CITY ST ZIP	MISSION HILLS KS 66208	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DWIGHT, C. ARN	42 NAME	
STREET ADDRESS	9307 W. 69TH TERR.	43 STREET ADDRESS	
CITY ST ZIP	OVERLAND PARK KS 66212	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	YOUNG, VICKIE	52 NAME	
STREET ADDRESS	11707 E. 61ST ST.	53 STREET ADDRESS	
CITY ST ZIP	KANSAS CITY MO 64133	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	BENTCOVER, E. BRUCE	62 NAME	
STREET ADDRESS	6814 W. 132ND TERR.	63 STREET ADDRESS	
CITY ST ZIP	OVERLAND PARK FL 66209	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: _____ 4/25/95 **816-274-8691**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Robert C. Benson, Tax Officer Cert. # Z 206-438-536

000494 CP

V38105

April 24, 1995

VERKERKE, INC.
15007 WEST 101ST TERRACE
LENEXA, KS 66285
1995
Officers and Directors

OFFICERS	OFFICE	RESIDENCE ADDRESS
Doranne Hudson (1) 460-96-3300	President and Director	412 West 49th Terrace Kansas City MO 641102
Kevin Howard (4) 394 68 6581	Vice President	12371 Hardy Overland Park KS 66213
Jim Drake 486 52 1208	Vice President	6825 West 99th Street Overland Park KS 66212
Charles J. Egan, Jr. 024-26-5054	Vice President	712 East 47th Street Kansas City, MO 64110
Judith Whittaker 207-28-7204	Vice President	5900 Mission Drive Mission Hills, KS 66208
Vickie Young 495-56-9658	Secretary	11707 East 61st Street Kansas City, MO 64133
E. Bruce McKinney (6) 487-58-5098	Treasurer	10423 W. 126th Street Overland Park, KS 66213
Robert C. Benson 497-44-9749	Tax Officer	8108 Northwest Overland Drive Kansas City, MO 64151

DIRECTOR

Doranne Hudson 460-96-3300	412 West 49th Terrace Kansas City MO 641102