

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003498

**Entity Name:** KANSAS CITY WINWATER CO.

**Current Principal Place of Business:**

3110 KETTERING BLVD  
C/O WGS - COMPLIANCE SERVICES  
MORAIN, OH 45439

**Current Mailing Address:**

C/O WGS-COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORAIN, OH 45439-1924 US

**FEI Number:** 46-5481989

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WILSON, SCOTT M  
Address        3939 NE 33RD TER.  
                  STE A  
City-State-Zip: KANSAS CITY MO 64117-2689

Title            DIRECTOR  
Name            HOY, CLINTON D  
Address        3939 NW 33RD TER  
                  STE A  
City-State-Zip: KANSAS CITY MO 64117

Title            SECRETARY  
Name            KIRKLAND, MICHAEL S.  
Address        3110 KETTERING BLVD  
City-State-Zip: MORAIN OH 45439-1924

Title            TREASURER  
Name            CULLER, SEAN W  
Address        3110 KETTERING BLVD  
City-State-Zip: MORAIN OH 45439-1924

Title            DIRECTOR  
Name            GAUGER, WAYNE D.  
Address        808 SE SUNNYSIDE SCHOOL RD  
City-State-Zip: BLUE SPRINGS MT 64014

Title            DIRECTOR  
Name            ROTE, BRIAN M.  
Address        3110 KETTERING BLVD  
City-State-Zip: MORAIN OH 45439-1924

Title            DIRECTOR  
Name            FERGUSON, ROBERT W.  
Address        3110 KETTERING BLVD  
City-State-Zip: MORAIN OH 45439-1924

Title            DIRECTOR  
Name            DICKENS, TERRY R  
Address        1165 W 149TH ST  
City-State-Zip: OLATHE KS 66061

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEAN W. CULLER

**TREASURER**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ATWELL, MICHAEL D.  
Address        3110 KETTERING BLVD  
City-State-Zip: MORAIN OH 45439