

**PLA NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**

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



**APPROVED AND FILED**

95 MAY 25 AM 4:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

400001500874  
 -05/30/95--01014--009  
 \*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P 18580**  
 1. Corporation Name  
 Fairbanks Scales Inc.

Principal Place of Business      Mailing Address  
 821 Locust                              821 Locust  
 Kansas City, MO 64106              Kansas City, MO 64106

3. Date Incorporated or Qualified      3a. Date of Last Report  
 03/28/1988                              04/22/94

2. Principal Place of Business      2a. Mailing Address  
 21    2a    26

4. FEI Number                              Applied For  
 43-1464165                              Not Applicable

Suite, Apt #, etc                              Suite, Apt #, etc  
 22    27

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

City & State                              City & State  
 23    28

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

Zip                              Country                              Zip                              Country  
 24                              25                              29                              30

8. This corporation has liability for intangible tax under 5 199 032, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 S. 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 hand s printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when transferring

12. OFFICERS AND DIRECTORS

TITLE	President (SEE ATTACHED)
NAME	Norden, F.A.
STREET ADDRESS	821 Locust
CITY ST ZIP	Kansas City MO 64106
TITLE	Vice President
NAME	Graves, Ben H.
STREET ADDRESS	821 Locust
CITY ST ZIP	Kansas City, MO 64106
TITLE	Treasurer
NAME	Gibson, Arthur P.
STREET ADDRESS	821 Locust
CITY ST ZIP	Kansas City, MO 64106
TITLE	Secretary
NAME	Norden, Richard G.
STREET ADDRESS	821 Locust
CITY ST ZIP	Kansas City, MO 64106
TITLE	Asst. Secretary
NAME	Shirley A. Hall
STREET ADDRESS	821 Locust
CITY ST ZIP	Kansas City, MO 64106
TITLE	Director
NAME	Sharpe, C. N.
STREET ADDRESS	500 E. 9th Street
CITY ST ZIP	Kansas City, MO 64106

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k) 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, changed or on an attachment with address.

SIGNATURE: *Shirley A. Hall*      Shirley A. Hall, Asst. Sec.      (816) 471-0231  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Reverse Page 4)

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**NAMES & ADDRESSES OF OFFICERS AND DIRECTORS  
FAIRBANKS SCALES INC.**

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
F. A. NORDEN	821 LOCUST KANSAS CITY, MO	PRESIDENT DIRECTOR
BEN H. GRAVES	821 LOCUST KANSAS CITY, MO	EXEC. VICE PRESIDENT DIRECTOR
ARTHUR P. GIBSON	821 LOCUST KANSAS CITY, MO	VICE PRESIDENT TREASURER
RICHARD G. NORDEN	821 LOCUST KANSAS CITY, MO	VICE PRESIDENT SECRETARY DIRECTOR
CHARLES N. SHARPE	500 E. 9TH STREET KANSAS CITY, MO	DIRECTOR