


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90206 012 \*\*\*150.00

<b>DOCUMENT # P18580</b>					
1. Entity Name <b>FAIRBANKS SCALES, INC.</b>					
Principal Place of Business 821 LOCUST KANSAS CITY, MO 64106		Mailing Address 821 LOCUST KANSAS CITY, MO 64106			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-1464165</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIXON, WAYNE 3512 WATERFIELD PARKWAY LAKELAND, FL 33803-9704</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<p><b>FILED NOW! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$50.00 Make Check payable to Florida Department of State</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDEN, F.A.		NAME		
STREET ADDRESS	821 LOCUST		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDEN, RICHARD		NAME		
STREET ADDRESS	821 LOCUST ST		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, SHIRLEY A		NAME	Hughes, Deanna R.	
STREET ADDRESS	821 LOCUS		STREET ADDRESS	821 Locust	
CITY-ST-ZIP	KANSAS CITY, MO 64106		CITY-ST-ZIP	Kansas City MO 64106	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, C.N.		NAME		
STREET ADDRESS	600 E. 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64106		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, LARRY		NAME		
STREET ADDRESS	821 LOCUST		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64106		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/10/03</b>		Daytime Phone #: <b>816 471 0231</b>

Larry A. Weinstein, VP/CFO

CR2E034 (10/02)