

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18580

FILED
Jan 28, 2004
Secretary of State

Entity Name: FAIRBANKS SCALES, INC.

Current Principal Place of Business:

821 LOCUST
KANSAS CITY, MO 64106

New Principal Place of Business:

Current Mailing Address:

821 LOCUST
KANSAS CITY, MO 64106

New Mailing Address:

FEI Number: 43-1464165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, WAYNE
3512 WATERFIELD PARKWAY
LAKELAND, FL 338039704 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: NORDEN, F.A.,
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO

Title: PCOO () Delete
Name: NORDEN, RICHARD,
Address: 821 LOCUST ST
City-St-Zip: KANSAS CITY, MO

Title: AS () Delete
Name: HUGHES, DEANNA R
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO 64106

Title: D () Delete
Name: SHARPE, C.N.,
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

Title: VP () Delete
Name: WEINSTEIN, LARRY
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO 64106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: NORDEN, F.A.,
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO 64106

Title: PCOO (X) Change () Addition
Name: NORDEN, RICHARD,
Address: 821 LOCUST ST
City-St-Zip: KANSAS CITY, MO 64106

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: WURTZLER, STEPHEN D.,
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO 64106

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEANNA R. HUGHES

AS

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date