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Doc#: 0709641141 Fee: \$30.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 04/06/2007 11:20 AM Pg: 1 of 4

FORM BCA 13.15 (rev. Dec. 2003)
APPLICATION FOR AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS
Business Corporation Act

FILED

APR 03 2007

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1834
www.cyberdriveillinois.com

JESSE WHITE
SECRETARY OF STATE

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State.
SEE NOTE 1 CONCERNING PAYMENT!

65363143
File #

Filing Fee \$ 150.00 Franchise Tax \$ 50.31 Penalty/Interest \$ 221.72 Total \$ 422.03 Approved: Bel
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. (a) CORPORATE NAME: Shafer, Kline & Warren, Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation Kansas; Date of Incorporation 12/22/1969; Period of Duration Perpetual

3. (a) Address of the principal office, wherever located: 2940 Main Street, Kansas City, MO 64108
(b) Address of principal office in Illinois: None
(If none, so state)

4. Name and address of the registered agent and registered office in Illinois.
Registered Agent: CT Corporation System
Registered Office: 208 S LaSalle Street
Chicago, IL 60604 Cook County
First Name Middle Initial Last Name
Number Street Suite #
City ZIP Code County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation) KS, FL, IA, LA, MN, NE, SD, TX, VA

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

Name	No. & Street	City	State	ZIP
President	SEE ATTACHMENT			
Secretary				
Director				
Director				
Director				

C-171.15

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7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

SEE ATTACHMENT

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares	
			Authorized	Issued
Common	A	\$10.0000	40,000	37,340
Common	B	\$10.0000	40,000	4,721

(If more, attach list)

9. Paid-in Capital: \$ 812,708.00
 ("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 8,100,000.00
 (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ -0-
 (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 23,000,000.00
 (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 1,100,000.00

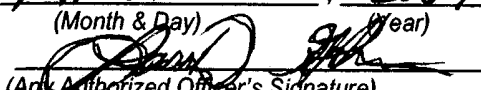
11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? Yes
 (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:
01/02/2007

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**)

Dated March 27, 2007
 (Month & Day) (Year)


 (Authorized Officer's Signature)
 Larry D. Graham, Secretary

(Print Name and Title)

Shafer, Kline & Warren, Inc.

(Exact Name of Corporation)

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

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UNOFFICIAL COPY**Attachment to Illinois
Purposes**

To practice professional engineering provided that the managing agent in charge of the engineering activities in this State is a registered professional engineer, licensed pursuant to the Illinois Professional Engineering Act,
Officers & Directors.

- | | | |
|---|-------------------|--------------------|
| 1 | Full Name: | Ronald D. Petering |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Business Address: | 11100 W. 91st St. |
| | City: | Overland Park |
| | State: | KS |
| | ZIP Code: | 66214 |
| 2 | Full Name: | Larry D. Graham |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Secretary |
| | Business Address: | 2940 Main Street |
| | City: | Kansas City |
| | State: | MO |
| | ZIP Code: | 64108 |
| 3 | Full Name: | Gerald C. Johnson |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | V. Pres. |
| | Business Address: | 11100 W. 91st St |
| | City: | Overland Park |
| | State: | KS |
| | ZIP Code: | 66214 |
| 4 | Full Name: | Thomas M. Smith |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | V. Pres. |
| | Business Address: | 11100 W. 91st St. |
| | City: | Overland Park |
| | State: | KS |
| | ZIP Code: | 66214 |
| 5 | Full Name: | Larry J. Schall |

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	Officer/Director:	Officer,Director
	Officer's Title:	V. Pres.
	Business Address:	2005 Swift Ave.
	City:	No. Kansas City
	State:	MO
	ZIP Code:	64116
6	Full Name:	Kenneth R, Shetlar
	Officer/Director:	Officer,Director
	Officer's Title:	V. Pres.
	Business Address:	216 N. Jefferson
	City:	Iola
	State:	KS
	ZIP Code:	66749
7	Full Name:	David E. Hamilton
	Officer/Director:	Officer,Director
	Officer's Title:	V. Pres.
	Business Address:	107 Butler St.
	City:	Macon
	State:	MO
	ZIP Code:	63557

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 JUN 11 2009