2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # 850385 1. Entity Name 05-27-2002 90458 031 ***150.00 WADDELL & REED, INC. Principal Place of Business Mailing Address 6300 LAMAR 6300 LAMAR P. O. BOX 29217 P. O. BOX 29217 SHAWNEE MISSION KS 66201-6217 SHAWNEE MISSION KS 66201-6217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1235675 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VPC PRESIDENT, DIRECTOR TITLE ☐ Delete ■ Addition NAME STROHM, MICHAEL D. NAME STREET ADDRESS STREET ADDRESS 6 WEST 53RD TERR. CITY-ST-ZIP CITY-ST-ZIP KANSAS CTIY MO TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME WILLIAMS, ROBERT J. STREET ADDRESS STREET ADDRESS 26950 W 108TH ST. CITY-ST-ZIP CITY-ST-ZIP **OLATHE KS** TITLE Delete TITLE ☐ Change ■ Addition NAME-NAME TUCKER, KEITH A. STREET ADDRESS STREET ADDRESS 433 WARD PARKWAY #25 CITY-ST-7/P CITY-ST-7IP KANSAS CITY MO TREASURER, SR VICE PRESIDENT Delete TITLE TITLE ☐ Change Addition PTD NAME NAME JOHN E SUNDEEN, JR. HECHLER, ROBERT L STREET ADDRESS STREET ADDRESS 6300 LAMAR 6027 LOCKTON LN CITY-ST-ZIP FAIRWAY KS CITY-ST-7IP SHAWNEE MISSION, KS 66202 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HERRMAN, HENRY J. STREET ADDRESS STREET ADDRESS 9980 HEMLOCK DR. CITY-ST-ZIP OVERLAND PARK KS CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED