2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# F05000004307

Entity Name: BOB D. CAMPBELL AND COMPANY, INC.

Current Principal Place of Business:

4338 BELLEVIEW
KANSAS CITY, MO 64111

New Principal Place of Business:

Current Mailing Address:

4338 BELLEVIEW
KANSAS CITY, MO 64111

New Mailing Address:

FEI Number: 43-0816544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP ( ) Delete
Name: FALBE, MICHAEL J
Address: 13104 W. 127TH PLACE
City-St-Zip: OVERLAND PARK, KS 66213

Title: VCVP ( ) Delete
Name: CARROLL, STEVEN R
Address: 5664 N.E NORTHGATE PLACE
City-St-Zip: LEE'S SUMMIT, MO 64064

Title: D ( ) Delete
Name: CRABTREE, RICHARD C
Address: 25808 W. 73RD STREET
City-St-Zip: SHAWNEE, KS 66227

Title: D ( ) Delete
Name: DAVIS, WAYNE E
Address: 8108 LONGVIEW ROAD
City-St-Zip: LENEXA, KS 66220

Title: ST ( ) Delete
Name: SPENA, PAUL M
Address: 13305 E. PRARIER DRIVE
City-St-Zip: PECULIAR, MO 64078

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: JOHNSON, LEE S
Address: 5620 W. 85TH STREET
City-St-Zip: OVERLAND PARK, KS 66207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL M SPENA ST 02/19/2009

Electronic Signature of Signing Officer or Director — Date