

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004038 (4)**

1. Corporation Name

**SFS INSURANCE BROKERAGE, INC.**



Principal Place of Business

Mailing Address

3200 CAPITOL BLVD S.  
OLYMPIA WA 98501-3396

3200 CAPITOL BLVD S.  
OLYMPIA WA 98501-3396

3. Date Incorporated or Qualified

3a. Date of Last Report

08/22/1995

2. Principal Place of Business

2a. Mailing Address

21 3520 BROADWAY

26 3520 BROADWAY

4. FEI Number

Applied For  
Not Applicable

91-0837062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

23 KANSAS CITY MO

28 KANSAS CITY MO

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

6411

US

6411

US

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and shall be available

NOTE: Registered Agent signature required when restate (g)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, GREGORY E	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAYEDA, EDWARD R	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENSEN, DARYL D	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KRAFT, JOHN L	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNEDY, MICHAEL P	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, BARNEY D	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	HOFFMAN, GARY K
4.4 CITY-ST-ZIP	3520 BROADWAY
	KANSAS CITY, MO 64111
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ASSISTANT V.P.
5.3 STREET ADDRESS	BENHAM, BRET L.
5.4 CITY-ST-ZIP	3520 BROADWAY
	KANSAS CITY, MO 64111
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	WHITE, BARNEY D
6.4 CITY-ST-ZIP	3520 BROADWAY
	KANSAS CITY, MO 64111

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gregory E Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

816-753-7000  
Daytime Phone #

CR2E034 (12/95)