

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000004038 (4)
 1. Corporation Name
SFS INSURANCE BROKERAGE, INC.



| | |
|---|---|
| Principal Place of Business 3520 BROADWAY KANSAS CITY MO 64111 US | Mailing Address 3520 BROADWAY KANSAS CITY MO 64111 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/22/1995 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 91-0837062 | Applied For Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 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**

| | | | | |
|---------|---|----|-----------|-------------|
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City | B5 Zip Code |
| | | | FL | |

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 office 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, GREGORY E | 1.2 NAME | |
| STREET ADDRESS | 3520 BROADWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KANSAS CITY MO | 1.4 CITY-ST-ZIP | 64111 |
| TITLE | T | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT E. JANES | 2.2 NAME | |
| STREET ADDRESS | 3520 BROADWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KANSAS CITY MO | 2.4 CITY-ST-ZIP | 64111 |
| TITLE | VD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENSEN, DARYL D | 3.2 NAME | Barney D. White |
| STREET ADDRESS | 3200 CAPITOL BLVD S. | 3.3 STREET ADDRESS | 12524 Catalina |
| CITY-ST-ZIP | OLYMPIA WA | 3.4 CITY-ST-ZIP | Leawood, KS 66209 |
| TITLE | S | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMAN, GARY K. | 4.2 NAME | |
| STREET ADDRESS | 3520 BROADWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KANSAS CITY MO | 4.4 CITY-ST-ZIP | 64111 |
| TITLE | AVP | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIALLY J. DAHLE | 5.2 NAME | Billy J. Dahle |
| STREET ADDRESS | 3200 CAPTOL BLVD SOUTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLYMPIA WA | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DWHITE, BARNEY D. | 6.2 NAME | Daryl D. Jensen |
| STREET ADDRESS | 3520 BROADWAY | 6.3 STREET ADDRESS | 3200 Capitol Blvd. S. |
| CITY-ST-ZIP | KANSAS CITY MO | 6.4 CITY-ST-ZIP | Olympia, WA 98507 |

14. 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 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* **Gregory E. Smith** 2/28/98 816-753-7000

CP2E084 (10/97)