

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004038

FILED  
Mar 31, 2011  
Secretary of State

Entity Name: SFS INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

3520 BROADWAY  
KANSAS CITY, MO 64111 US

**New Principal Place of Business:**

**Current Mailing Address:**

3520 BROADWAY  
KANSAS CITY, MO 64111 US

**New Mailing Address:**

FEI Number: 91-0837062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC,  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: T  
Name: LAIRD, DAVID  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

Title: PD  
Name: OLBERDING, BRUCE  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

Title: SD  
Name: MASON, CRAIG  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

Title: VP  
Name: DENNEY, SUSANNA  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

Title: D  
Name: DUFFY, CHARLES  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

Title: VP  
Name: KREBS, DON  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 64111

I hereby 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 all other like empowered.

SIGNATURE: BRUCE OLDBERDING

PD

03/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date