


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90443 003 ***150.00

DOCUMENT # F95000004038

1. Entity 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**

70006998



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **91-0837062** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, GREGORY E	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERT E. JANES	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLBERDING, BRUCE	
STREET ADDRESS	3250 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, GARY K.	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	DENNEY, SUSANNA	
STREET ADDRESS	3250 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, DARYL D.	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA 98507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RESURFOLD-UP** 1/10/03 816-753-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)