

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90022 047 \*\*\*150.00

FRONT  
AT

**DOCUMENT # F96000003476**

1. Entity Name  
**SERENDIPITY LEASING CORPORATION**

Principal Place of Business <b>4600 MADISON AVENUE, STE 1500          KANSAS CITY MO 64112</b>	Mailing Address <b>4600 MADISON AVENUE, STE 1500          KANSAS CITY MO 64112</b>
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**B0039703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>52-1984661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
State: <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

T LUNSFORD, LARRY 4600 MADISON, SUITE 1500 KANSAS CITY MO	<input type="checkbox"/> Delete
AS HART, JANE E. 3500 ONE KANSAS CITY PLACE, 1200 MAIN KANSAS CITY MO	<input type="checkbox"/> Delete
SD KOHN, HERBERT M 11331 PENNSYLVANIA KANSAS CITY MO	<input type="checkbox"/> Delete
P BERSTEIN, ROBERT A 4600 MADISON, SUITE 1500 KANSAS CITY MO 64112	<input type="checkbox"/> Delete
VP BERNSTEIN, STEVEN A 4600 MADISON, SUITE 1500 KANSAS CITY MO 64112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*3500 One Kansas City Place, 1200 Main  
 Kansas City, mo 64105*

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry A Lunsford* **LARRY A LUNSFORD, V.P. FINANCE** Date: *2/19/02* Daytime Phone #: *816-531-8882*

CR2E034 (9/01)