


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000003476**  
 1. Entity Name  
**SERENDIPITY LEASING CORPORATION**



Principal Place of Business: **4600 MADISON AVENUE, STE 1500 KANSAS CITY, MO 64112**  
 Mailing Address: **4600 MADISON AVENUE, STE 1500 KANSAS CITY, MO 64112**



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **52-1984661** 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**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUNSFORD, LARRY 4600 MADISON, SUITE 1500 KANSAS CITY, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HART, JANE E. 3500 ONE KANSAS CITY PLACE, 1200 MAIN KANSAS CITY, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOHN, HERBERT M 3500 ONE KANSAS CITY PLACE, 1200 MAIN KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERSTEIN, ROBERT A 4600 MADISON, SUITE 1500 KANSAS CITY, MO 64112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERNSTEIN, STEVEN A 4600 MADISON, SUITE 1500 KANSAS CITY, MO 64112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000238190  
 02/21/05-80089-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Larry A. Lunsford* *Larry A. Lunsford* *V.P. Finance* *2/14/05* *816-531-8888*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #