

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90485 028 ***150.00

00823334 AT

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**

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
52-1984661

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T TITLE NAME LUNSFORD, LARRY STREET ADDRESS 4600 MADISON, SUITE 1500 CITY-ST-ZIP KANSAS CITY MO	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS TITLE NAME HART, JANE E. STREET ADDRESS 3500 ONE KANSAS CITY PLACE, 1200 MAIN CITY-ST-ZIP KANSAS CITY MO	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD TITLE NAME KOHN, HERBERT M STREET ADDRESS 3500 ONE KANSAS CITY PLACE 1200 MAIN CITY-ST-ZIP KANSAS CITY MO 64105	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME BERSTEIN, ROBERT A STREET ADDRESS 4600 MADISON, SUITE 1500 CITY-ST-ZIP KANSAS CITY MO 64112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP TITLE NAME BERNSTEIN, STEVEN A STREET ADDRESS 4600 MADISON, SUITE 1500 CITY-ST-ZIP KANSAS CITY MO 64112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry A. Lunsford* **REQUIRED V.P. Finance** 2/26/03 816-531-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)