

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99500004877**

1. Entity Name

FEDERATED RURAL ELECTRIC INS. EXCHANGE
Federated Rural Electric Management CORP.

FILED

01 APR -4 PM 2:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O Box 15147
Shawnee Mission Ks 66285-5147

2. Principal Place of Business 3. Mailing Address
11875 W 85th St

Suite, Apt. #, etc. Suite, Apt. #, etc.
Lenexa Ks

City & State City & State
Lenexa Ks

4. FEI Number Applied For
48-121966 Not Applicable

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

6. Name and Address of Current Registered Agent
Florida Insurance Commissioner
The Capitol Bldg
Tallahassee FL 32301

7. Name and Address of New Registered Agent
 Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **plantation FL** Zip Code **33324**

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 Signature, typed or printed name of registered agent and title if applicable (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spradling, Wayne RT 1 Box 235 Briarley, AR 72021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / CEO Fraas, Frank X 12924 Briar Dr. Lenexa, KS 66209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Irwin, Philip D 15305 W 173rd Street Olathe, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Olander, Susan M 115 Southfork Lansing, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Seng, Tom 1129 W Creekview Dr. Greenfield, IN 46140-8090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003993115--4 -04/11/01--01107--025 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **2/16/01** **913541-0150**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)