

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

0859410 AT

DOCUMENT # G59798

1. Entity Name
INTERNATIONAL DENTAL PLANS, INC.



03-17-2003 90719 047 ***150.00

Principal Place of Business
**2323 GRAND BLVD.
KANSAS CITY MO 64108-2670
US**

Mailing Address
**P.O. BOX 419052
KANSAS CITY MD 64141-6052
US**



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

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

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-2327793**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City **Tallahassee** FL Zip Code **32301**

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	CEOD	<input type="checkbox"/> Delete
NAME	PENINGER, MICHAEL J	
STREET ADDRESS	2323 GRAND BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, BRADLEY C	
STREET ADDRESS	2323 GRAND BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHADEE, FLOYD F	
STREET ADDRESS	2323 GRAND BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWEN, KENNETH D	
STREET ADDRESS	2323 GRAND BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWORTH, JULIE M	
STREET ADDRESS	2323 GRAND BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: *Kenneth D. Bowen* **REQUIRED** Kenneth D. Bowen 03/10/03 816-474-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)