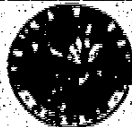


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO6117 (6)**

1. Corporation Name  
**BMA FINANCIAL SERVICES, INC.**

APPROVED  
AND  
FILED

Principal Place of Business Mailing Address  
1901 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142

DO NOT WRITE IN THESE SPACES  
3. Date Incorporated or Qualified **05/20/1985** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **43-1162691** SECRETARY OF STATE TALLAHASSEE, FLORIDA  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>Executive VP &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEIDKAMP, MARGARET M.</b>	1.2 NAME	<b>John K. Boyd, III</b>
STREET ADDRESS	<b>10261 N LAKE AVE</b>	1.3 STREET ADDRESS	<b>4600 W. 65th Street</b>
CITY - ST - ZIP	<b>OLATHE KS</b>	1.4 CITY - ST - ZIP	<b>Prairie Village, KS 66205</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SODEN, STEPHEN S.</b>	2.2 NAME	<b>J. Stephen Jennings</b>
STREET ADDRESS	<b>5934 CHEROKEE DR</b>	2.3 STREET ADDRESS	<b>9717 Wenonga</b>
CITY - ST - ZIP	<b>FAIRWAY KS</b>	2.4 CITY - ST - ZIP	<b>Shawnee Mission KS 66206</b>
TITLE	<b>CHM</b>	3.1 TITLE	<b>V.P. - Field Marketing</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAYLER, J. WILLIAM, JR.</b>	3.2 NAME	<b>Lisa A. Leonard</b>
STREET ADDRESS	<b>7000 BELANDER</b>	3.3 STREET ADDRESS	<b>3801 W. 65th Street</b>
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	3.4 CITY - ST - ZIP	<b>Shawnee Mission KS 66208</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGLEY, DAVID L.</b>	4.2 NAME	
STREET ADDRESS	<b>13018 WEST 105TH TERR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OVERLAND PARK KS</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLTON, PATRICK G</b>	5.2 NAME	
STREET ADDRESS	<b>2513 W 116TH ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEAWOOD KS</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUTMAN, CONAUGHT M</b>	6.2 NAME	
STREET ADDRESS	<b>5325 MISSION WOOD TERR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MISSION WOODS KS</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 and reports of an appointment with an address.

SIGNATURE **Stephen S. Soden** 4/20/95 913/432-2900  
Date Daytime Phone #

006017

**BMA FINANCIAL SERVICES, INC.  
OFFICER/DIRECTOR LIST**

**NAME**

**OFFICIAL CAPACITY**

J. William Sayler, Jr.  
7000 Belinder  
Shawnee Mission, KS. 66205  
SSN: 486-36-4986

Chairman & Director  
CEO

Patrick G. Colloton  
2513 West 118th Street  
Leawood, KS. 66211  
SSN: 398-40-3646

Director

Stephen S. Soden  
5934 Cherokee Drive  
Fairway, KS. 66205  
SSN: 487-52-3296  
CRD: 430066

President, COO, MP,  
Director

Margaret M. Heidkamp (Peggy)  
10261 North Lake Avenue  
Olathe, KS. 66061  
SSN: 322-46-3962

Secretary & Director

Conaught M. Troutman  
5325 Mission Woods Terrace  
Mission Woods, KS. 66205  
SSN: 494-52-0166

Director

David L. Higley  
13018 West 105th Terrace  
Overland Park, KS. 66215  
SSN: 507-60-4793

Director

John K. Boyd, III  
4600 West 65th Street  
Prairie Village, KS. 66208  
SSN: 513-34-4208  
CRD: 27679

Executive V.P. & Director  
Chief Financial Officer  
Financial & Operations  
Principal CCO

Howard F. Bascom  
5708 State Line  
Shawnee Mission, KS. 66208  
SSN: 498-62-6010  
CRD: 1236360

Registered Options  
Principal CROP SR0P

PO 6/17

**Officer & Director List**  
**Page 2**

**Stephen Jennings**  
9717 Wanonga  
Shawnee Mission, KS. 66206  
SSN: 500-42-6754

**Treasurer**

**Lisa A. Leonard**  
3801 W. 65th Street  
Shawnee Mission, KS 66208  
SSN: 478-76-5511  
CRD: 1143980

**V.P. - Field Marketing**