

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06117** (6)

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



Principal Place of Business <b>1801 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142</b>	Mailing Address <b>1801 WEST 47TH PLACE SUITE 210 WESTWOOD KS 88205-1834</b>
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3. Date Incorporated or Qualified <b>05/20/1985</b>	3a. Date of Last Report <b>06/24/1996</b>
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21. Principal Place of Business	2a. Mailing Address <b>P.O. Box 2958</b>	4. FEI Number <b>43-1162691</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. <b>Suite 210</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State <b>Shawnee Mission, KS</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip <b>66201</b>	30. Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<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 West 65th St.</b>
CITY-ST-ZIP	<b>OLATHE KS</b>	1.4 CITY-ST-ZIP	<b>Prairie Village, KS 66208</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SODEN, STEPHEN S.</b>	2.2 NAME	
STREET ADDRESS	<b>5934 CHEROKEE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRWAY KS</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CHM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKICH, ROBERT T</b>	3.2 NAME	
STREET ADDRESS	<b>2402 W 70TH TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MISSION HILLS KS</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOORHEES, II VERNON W</b>	5.2 NAME	
STREET ADDRESS	<b>3816 WEST 58TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRWAY KS</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/22/97** DAYTIME PHONE #: **913-432-2900**

CP2E037 (9/96)