

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10430** (7)

1. Corporation Name

**TENENBAUM & ASSOCIATES, INC.**



Principal Place of Business

4705 CENTRAL  
KANSAS CITY MO 64112  
US

Mailing Address

4705 CENTRAL  
KANSAS CITY MO 64112  
US

2. Principal Place of Business

21 2600 Grand Avenue

State, Apt. #, etc.

22 Suite 500

City & State

23 Kansas City, Missouri

Zip

64108

Country

25 USA

2a. Mailing Address

26 P. O. Box 410949

State, Apt. #, etc.

27

City & State

28 Kansas City, MO

Zip

29 64141

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/13/1986

3a. Date of Last Report

05/31/1995

4. FEI Number

43-1240849

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 607.0107 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V FREYDER, DAVID D	1.1 TITLE President and Director
NAME	3225 W 81ST TER	1.2 NAME Anthony L. Levinson
STREET ADDRESS	LEAWOOD KS 66206	1.3 STREET ADDRESS 8112 High Drive
CITY, ST, ZIP		1.4 CITY, ST, ZIP Leawood, KS 66206
TITLE	C/D TENENBAUM, WAYNE A.	2.1 TITLE Secretary
NAME	400 W. 49TH TERR 2062	2.2 NAME Steven K. Fitzwater
STREET ADDRESS	KANSAS CITY MO 64113	2.3 STREET ADDRESS 7402 Edgewood Boulevard
CITY, ST, ZIP		2.4 CITY, ST, ZIP Shawnee, KS 66203
TITLE	CEO TENENBAUM, WAYNE A.	3.1 TITLE Asst. Secretary
NAME	400 W. 49TH TERR 2062	3.2 NAME Linda K. McCoy
STREET ADDRESS	KANSAS CITY MO 64113	3.3 STREET ADDRESS 19985 Broadmoor
CITY, ST, ZIP		3.4 CITY, ST, ZIP Stillwell, KS 66085
TITLE	V BELPADIO, DAVID G	4.1 TITLE Director
NAME	12004 CHEROKEE LANE	4.2 NAME James R. Seward
STREET ADDRESS	LEAWOOD KS 66209	4.3 STREET ADDRESS 4915 W. 79th Street
CITY, ST, ZIP		4.4 CITY, ST, ZIP Prairie Village, -KS 66208
TITLE	VS HOWES, BRIAN T.	5.1 TITLE
NAME	4901 W. 130TH STREET	5.2 NAME
STREET ADDRESS	LEAWOOD KS 66209	5.3 STREET ADDRESS
CITY, ST, ZIP		5.4 CITY, ST, ZIP
TITLE	D JACOBS, P. ANTHONY	6.1 TITLE Director
NAME	5902 HIGH DR	6.2 NAME P. Anthony Jacobs
STREET ADDRESS	MISSION HILLS KS 66208	6.3 STREET ADDRESS 3101 Old Pecos Trail
CITY, ST, ZIP		6.4 CITY, ST, ZIP Santa Fe, New Mexico 87505

14. I do hereby certify that the information supplied with this Form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and our report of supplemental annual reports 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 manager or trustee employed to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Anthony Levinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

(816) 842-7000

CR2E034 (12/95)