

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10430 (7)**  
 1. Corporation Name  
**TENENBAUM & ASSOCIATES, INC.**



Principal Place of Business 2600 GRAND AVENUE SUITE 500 KANSAS CITY MI 64108 US	Mailing Address PO BOX 410949 KANSAS CITY MO 64141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5000 W. 95th. St.	26	PO Box 7568	06/13/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 260		27 <del>Shawnee</del>		43-1240849	
City & State		City & State		Applied For	
23 Shawnee Mission, KS		28 Shawnee Mission, KS		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 66207	25 US	29 66207	30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

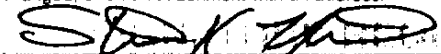
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEVINSON, ANTHONY L <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8112 HIGH DRIVE	1.2 NAME	
STREET ADDRESS	LEAWOOD KS	1.3 STREET ADDRESS	5000 W. 95th. St., Suite 260
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Shawnee Mission, KS 66207
TITLE	S FITZWATER, STEVEN K <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7402 EDGEWOOD BOULEVARD	2.2 NAME	
STREET ADDRESS	SHANEE KS	2.3 STREET ADDRESS	7663 Forest Park Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Shawnee KS 66217
TITLE	AS MCCOY, LINDA K <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1985 BROADMOOR	3.2 NAME	
STREET ADDRESS	STILLWELL KS	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SEWARD, JAMES R <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4915W 79TH ST	4.2 NAME	
STREET ADDRESS	PRAIRIE VILLAGE KS	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D JACOBS, ANTHONY P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3101 OLD PECOS TRAIL	5.2 NAME	
STREET ADDRESS	SANTA FE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/6/98 913-632-1000

CR2E034 (10/97)