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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # P06601



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90033 035 \*\*\*150.00

| W&RIN  | NSURANCE AGENCY, INC.  |   |  |  |             |  |                    |                                |                              |
|--|--|---|--|--|-------------|--|--------------------|--------------------------------|------------------------------|
| Principal Place  | e of Business  | Mailing Address   | -  |  |             | I IMMEINME ILI NOTIN BEITM MIET ANTI                         | J: 1101 Q1011 Q10  |                                | fitti mimit imet             |
| 6300 LAMAR<br>P. O. BOX 29217<br>SHAWNEE MISSION KS 66201-6217   |  | 6300 LAMAR<br>P. O. BOX 29217<br>SHAWNEE MISSION KS 66201-6217  |  |  |             | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                    |                                |                              |
|  |  |   |  |  |             | 06/28/1985   |                    |                                |                              |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address   |  |  |             | 4. FEI Number  |                    | Ap                             | plied For                    |
| 21   |  | 26  |  |  |             | 43-1357226   |                    | No                             | t Applicable                 |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |  |  |             | 5. Certifcate of Status Desired                              |                    | \$8.75                         |                              |
| 22   |  | 27  | ,  |  |             | o. Controllo di Cicilio Dicilio                              |                    | Fee Re                         | <del></del>                  |
| City & State   | е  | City & State  |  |  |             | 6. Election Campaign Financing                               |                    | \$5.00                         |                              |
| 23   |  | 28  |  |  |             | Trust Fund Contribution                                      |                    | Added 1                        | o Fees                       |
| Zip  | Country  | Zip   | Count  | у  |             | 8. This corporation owes the curre                           | ent year Inta      | ingible<br>□ Yes               | □No                          |
| 24   | 25   |   | 30   |  |             | Personal Property Tax.  10. Name and Address of New R        | anistered A        |                                |                              |
|  | 9. Name and Address of Currer  | it Registered Agent   | 8  | 1 Name   |             | To. Name and Address of New A                                | ogistered r        | - iguin                        |                              |
| CT C   | CORPORATION SYSTEM   |   |  |  |             |  |                    |                                |                              |
|  | S. PINE ISLAND ROAD  |   | 8  | 2 Street   | Address     | (P.O. Box Number is Not Accepta                              | ble)               |                                |                              |
|  | NTATION FL 33324   |   | 8  | 3  |             |  |                    |                                | _                            |
|  |  |   | L  |  |             |  |                    | <del> </del>                   |                              |
|  |  |   | 8  | 4 City   |             |  | FL                 | 85 Zip                         | Code                         |
| 11. Pursuant   | to the provisions of Sections 607.050  | 22 and 607.1508, Florida Statute  | s, the abo   | ve-named   | corpora     | tion submits this statement for the                          | purpose of o       | changing its                   | registered<br>gistered       |
| office or r  | egistered agent, or both, in the State<br>π familiar with, and accept the obliga   | of Florida. Such change was autions of, Section 607.0505, Flor  | ida Statute  | y tne corpe<br>s.  | oration s   | nen reinstating)   | DATE               | minent as re                   | gistered                     |
| office or n<br>agent. I a  | egistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Stgnature, typed or printed name of registered age  | of Florida. Such change was autions of, Section 607.0505, Flor  | ida Statute  | y tne corpe<br>s.  | oration s   | s poard of directors. Thereby accep                          | DATE               | minent as re                   | gistered                     |
| office or n<br>agent. I a<br>SIGNATURE   | egistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Stgnature, typed or printed name of registered age  | of Florida. Such change was autions of, Section 607.0505, Florint and title if applicable. (NOTE:   | ida Statute  | y the corpo  | oration s   | nen reinstating)   | DATE               | minent as re                   | gistered                     |
| office or n<br>agent. I a<br>SIGNATURE   | egistered agent, or both, in the State<br>m familiar with, and accept the obliga<br>Signature, typed or printed name of registered age<br>OFFICERS AN  | of Florida. Such change was autions of, Section 607.0505, Flor int and title if applicable. (NOTE: ND DIRECTORS                                 | Registered Ag  | y the corpo  | oration s   | nen reinstating)   | DATE               | D DIRECTO                      | DRS IN 12                    |
| office or ragent. I a SIGNATURE  12.   | egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the ob | of Florida. Such change was autions of, Section 607.0505, Flor int and title if applicable. (NOTE: ND DIRECTORS                                 | Registered Ag  13.  1.1 TITLE  | y the corpo  | oration s   | nen reinstating)   | DATE               | D DIRECTO                      | DRS IN 12                    |
| office or ragent. I a SIGNATURE  12. TITLE NAME  | egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the ob | of Florida. Such change was autions of, Section 607.0505, Flor int and title if applicable. (NOTE: ND DIRECTORS                                 | Registered Ag  13.  1.1 TITLE  | ent signature  | oration s   | nen reinstating)   | DATE               | D DIRECTO                      | DRS IN 12                    |
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| office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o | of Florida. Such change was autions of, Section 607.0505, Florint and title if applicable. (NOTE:  ND DIRECTORS  DELETE                         | Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY  | ent signature  | oration s   | nen reinstating)   | DATE               | D DIRECTO                      | DRS IN 12                    |
| office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | egistered agent, or both, in the State m familiar with, and accept the obligation of | of Florida. Such change was autions of, Section 607.0505, Florint and title if applicable. (NOTE:  ND DIRECTORS  DELETE                         | Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME  | ent signature  | oration s   | nen reinstating)   | DATE               | D DIRECTO                      | DRS IN 12                    |
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14. Thereby 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 trystee 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, with all other like impowered.

SIGNATURE: \_

SIGNING OFFICER OR DIRECTOR

Robert L. Hechler

4/21/99 (913<u>) 236-19</u>66

544967-90033335 #106601

# W & R INSURANCE AGENCY, INC. DIRECTORS AND OFFICERS

Robert J. Williams, Jr.

President and Director

Robert L. Hechler

Vice President, Treasurer, and Director

Helge K. Lee

Vice President, Secretary, and General Counsel

David R. Burford

Vice President, and Assistant Secretary

Marsha R. Gabehart

Vice President, and Assistant Secretary

Michael G. Gerken

Assistant Secretary

All Officers and Directors listed above are located at:

6300 Lamar Avenue Shawnee Mission, KS 66202