

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004038

**Entity Name:** SFS INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

3520 BROADWAY  
KANSAS CITY, MO 64111

**Current Mailing Address:**

3520 BROADWAY  
KANSAS CITY, MO 64111 US

**FEI Number:** 91-0837062

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC,  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LAIRD, DAVID A  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           VP, EXECUTIVE OFFICER  
Name           ULLOM, KELLY T  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           SECRETARY/DIRECTOR  
Name           MASON, ALAN CRAIG  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           VP/COO  
Name           DENNEY, SUSANNA J  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           DIRECTOR  
Name           KREBS, DONALD E  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           DIRECTOR  
Name           BIXBY, R PHILIP  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           DIRECTOR  
Name           BIXBY, WALTER E  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title           DIRECTOR  
Name           KNAPP, TRACY W  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLY T ULLOM

VP/EXECUTIVE OFFICER

03/31/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILTON, MARK A  
Address 3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title AVP  
Name MEZA, DUSTIN S  
Address 3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title ASSISTANT SECRETARY  
Name HOFFMAN, GARY K  
Address 3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title AVP  
Name BRANDT, JANICE L  
Address 3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111

Title AVP  
Name PEIL, KRISTEN M  
Address 3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111