

2016 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 SECRETARY/DIRECTOR
Name MASON, JR., ALAN CRAIG
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 III, WALTER E
Address 3520 BROADWAY
City-State-Zip: KANSAS CITY MO 64111

Title PRESIDENT/DIRECTOR
Name ULLOM, KELLY T
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 BIXBY, R PHILIP
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: JANICE L. BRANDT

VP/CCO

02/16/2016

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 VP/CCO
Name BRANDT, JANICE L
Address 3520 BROADWAY
City-State-Zip: KANSAS CITY MO 64111