PO. BOX 2051 MILWAUKEE WI 53201-9051 2. Principal Place of Business 2.0300 <u>WATGR TOWOR</u> Suite. Apt. #, etc. Suite. Apt. #, etc.	DATE 10, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
350 N. SUNNY SLOPE RD. #200 1213 4TH STREET P.O. BOX 2051 PLATTE CITY MO 64079-0025 WILWAUKEE WI 53201-9051 SUITE, Apt. #, etc. 2. Principal Place of Business 3. Mailing Address 2. O 3 0 0 ////ATGR Toway B.V.J. Suite, Apt. #, etc. B.V.J. State Country Country Country State Country B. The above named and Address of Current Registered Agent State INSURANCE COMMISSIONER Name CAPITOL BLDG. TALLAHASSEE FL. FL Signature, typed or printed name of registered agent and theil applicable INOTE: Registered Agent signature registered office or registered agent and theil applicable Signature, tignature and elects to do so. Make Check Payable to Department of Signature, toped or printed name of registered agent and theil applicable Inter MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of Make Check Payable to Dep	Juilt
P.O. BOX 2051 PO BOX 25 PLATTE CITY MO 64079-0025 US 2. Principal Place of Business 3. Mailing Address P.O. BOX 25 3. Mailing Address P.O. BOX 25 Suite, Apt. #, etc. BLVL Street Address Country USA Country Street Address Gountry Street Address Gountry	Juilt
MILWAUKEE WI 53201-3051 PLATTE CITY MO 64079-0025 US 2. Principal Place of Business 3. Mailing Address Z.O 300 WATTER To work PLO. BOX ZS Suite, Apt. #, etc. BLvd Suite, Apt. #, etc. Suite, Apt. #, etc. BLvd Suite, Apt. #, etc. Suite, Apt. #, etc. BLvd Suite, Apt. #, etc. State PLATTE City, & State PLATTE City, MO. Zip Country Zip Country State PLATTE City, & State Name Street Address of Current Registered Agent Name Street Address Street Address CapPTOL BLDG, TALLAHASSEE FL. FL City Street Address City Street Address SIGNATURE Signature, typed or printed name of registered agent and tite if applicable (NOTE: Registered Agent signature registered Agent signature registered agent and tite if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.01 Make Check Payable to Department of the MARE STREET ADDRESS S01 W. HIGH ST. TITLE Delete TTLE NAME	Juilt
2. Principal Place of Business 3. Mailing Address 2. O 300 ///ATGR Towor Suite, Apt. #, etc. BLvd Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country USA Country Suite, Apt. #, etc. Name Street Address of Current Registered Agent Name Street Address Street Address City Street Address Street Address City Street Address City Street Address <t< td=""><td>4. FEI Number 43-0793666 Applied For Not Additional Fee Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of FlorIda. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</td></t<>	4. FEI Number 43-0793666 Applied For Not Additional Fee Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of FlorIda. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
2.0 3 0.0 WATER Towork P.o. Box 25 Suite, Apt. #, etc. BLv2 Suite, Apt. #, etc. Suite, Apt. #, etc. S. / MAIN St. City & State DLATTE City, Mo. Brook & field, LUT DLATTE City, Mo. City & State Country Jp Country Soute, Apt. #, etc. State Brook & field, LUT DLATTE City, Mo. City & State Country State DLATTE City, Mo. Country Country State DLATTE Country Country State Name and Address of Current Registered Agent Name Name State Street Address Capitol BLDG, TALLAHASSEE FL. FL Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registered office or reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registered office or reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reg 9. This corporation is eligible to satisf	4. FEI Number 43-0793666 Applied For Not Additional Fee Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of FlorIda. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Suits 100 3S1 MAIN ST. City & State City & State PLATTE City, Mo. Country Jp Country SAC45 USA Country Country SAC45 USA Country Country SAC45 USA Country Country STATE INSURANCE COMMISSIONER Name STATE INSURANCE COMMISSIONER Street Addree CAPITOL BLDG. TALLAHASSEE FL. FL Street Addree City 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature. typed or printed name of registered agent and title if applicable In corporation is eligible to satisfy its Intangible Tax filing requirement, and elects to do so. Nake Check Payable to Department of 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE NAME WENZEL, KEITH ESQ STRET ADDRESS SIGN W. HIGH ST. City ST-ZIP TITLE SDR Delete NAME SDR Delete NAME SDR Delete	4. FEI Number 43-0793666 Applied For Not Additional Fee Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of FlorIda. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
City & State City & State City & State City & State Zip Country Zip Country Country Country S > 0 + 5 U S A 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER Street Address Name STATE INSURANCE COMMISSIONER Street Address CAPITOL BLDG. TALLAHASSEE FL. FL City 8. The above named entity submits this statement for the purpose of changing its registered office or reg City 8. The above named entity submits this statement for the purpose of changing its registered Agent signature to registered agent and title if applicable (NOTE: Registered Agent signature to finded name of registered agent and title if applicable Signature, typed or printed name of registered agent and title if applicable FILE NOW!!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of 11. OFFICERS AND DIRECTORS 12. TITLE D Delete TITLE NAME SIGNET ADDRESS City - 51-2iP City - 51-2iP TITLE SDR Delete TITLE NAME SDR Delete TITLE NAME SDR </td <td>43-0/93000 Not Access 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</td>	43-0/93000 Not Access 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. pulred when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Zip Country Zip Country USA Country 5 3 0 4 5 USA LSA Country USA 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL. FL Street Address of Current Registered Agent Name Street Address of Current Registered Agent Name Street Address of Current Registered Agent Name Street Address of Current Registered Agent Country Street Address City Street Address City Street Address of Current Registered Agent ingitation of the purpose of changing its registered office or reg Signature, typed or printed name of registered agent and title if applicable This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of TITLE Delete	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Jo ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. stered agent, or both, in the State of Florida. Trust Fund Contribution. DATE Added to Fees Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
53045 USA 64079 USA 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL. FL Name 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE City 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registered Agent signature registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of 11. OFFICERS AND DIRECTORS 12. TITLE D Delete ITTLE NAME 301 W. HIGH ST. JEFFERSON CITY MO 65102 CITY-ST-ZIP ITTLE NAME SDR Delete ITTLE NAME SDR Delete ITTLE NAME SDR Delete ITTLE NAME PO BOX 25, 351 MAIN ST STREET ADDRESS	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Jo - ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. tulred when reinstating) DATE 00 Trust Fund Contribution. \$5.00 May Be Added to Fees State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL. FL City 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature re SIGNATURE Signature. typed or printed name of registered agent and title if applicable Tax filing requirement and elects to do so. (See criteria on back) TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS PO BOX 25, 351 MAIN ST STREET ADDRESS PO BOX 25, 351 MAIN ST	Jo - ChANGE ss (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. suired when reinstating) DATE D0 Trust Fund Contribution. \$5.00 May Ba State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature r	DO DATE 10. Election Campaign Financing \$5.00 May Be State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D Delete TITLE NAME WENZEL, KEITH ESQ NAME STREET ADDRESS 301 W. HIGH ST. STREET ADDRESS CITY-ST-ZIP JEFFERSON CITY MO 65102 CITY-ST-ZIP TITLE SDR Delete TITLE NAME WHITTERS, PAUL R Delete TITLE NAME WHITTERS, PAUL R NAME STREET ADDRESS PO BOX 25, 351 MAIN ST STREET ADDRESS	
NAME WENZEL, KEITH ESQ NAME STREET ADDRESS 301 W. HIGH ST. STREET ADDRESS CITY-ST-ZIP JEFFERSON CITY MO 65102 CITY-ST-ZIP TITLE SDR Delete TITLE NAME WHITTERS, PAUL R NAME STREET ADDRESS PO BOX 25, 351 MAIN ST STREET ADDRESS	I I Changes I I
NAME WHITTERS, PAUL R NAME STREET ADDRESS PO BOX 25, 351 MAIN ST STREET ADDRESS	
	Change C *==**
TITLE Delete TITLE	Change Addit
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	🗋 Change 📋 Addit
TITLE TITLE TITLE TITLE TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Change 🗍 Addit
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Change 🗍 Addit

•

Ξ.