

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 023 ***150.00

DOCUMENT # 828902

1. Entity Name
N.I.S. FINANCIAL SERVICES, INC.



Principal Place of Business
500 E. 9TH STREET
KANSAS CITY, MO 64106

Mailing Address
500 E. 9TH STREET
KANSAS CITY, MO 64106

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007

Chg-P

CR2E034 (12/06)

4. FEI Number

43-0952123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	WEBER, ALAN S	
STREET ADDRESS	26810 W 108TH ST	
CITY-ST-ZIP	OLATHE, KS 66061	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUNCH, CAROL S	
STREET ADDRESS	4116 NE KENNESAW RIDGE	
CITY-ST-ZIP	LEES SUMMIT, MO 64064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EMERSON, JAMES T	
STREET ADDRESS	14701 W 49TH COURT	
CITY-ST-ZIP	SHAWNEE MISSION, KS 66216	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPE, CHARLES N.	
STREET ADDRESS	321 MERCY ST	
CITY-ST-ZIP	BETHEL, MO 63434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERSON, JAMES T.	
STREET ADDRESS	14701 W 49TH CT	
CITY-ST-ZIP	SHAWNEE KS 66216-5135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTON, DAVID R.	
STREET ADDRESS	314 DUBLIN CIR	
CITY-ST-ZIP	SMITHVILLE MO 64089-8275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol S. Bunch

4-23-07

816-842-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL S. BUNCH, PRESIDENT

Daytime Phone #