

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90022 019 \*\*\*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

40071100



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112008 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

7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VT ☐ Delete  
NAME EMERSON, JAMES T  
STREET ADDRESS 14701 W 49TH CT  
CITY-ST-ZIP SHAWNEE, KS 662165135

TITLE PD ☒ Delete  
NAME BUNCH, CAROL S  
STREET ADDRESS 4116 NE KENNESAW RIDGE  
CITY-ST-ZIP LEES SUMMIT, MO 64064

TITLE SD ☐ Delete  
NAME MELTON, DAVID R  
STREET ADDRESS 314 DUBLIN CIR  
CITY-ST-ZIP SMITHVILLE, MO 640898275

TITLE D ☐ Delete  
NAME SHARPE, CHARLES N.  
STREET ADDRESS 321 MERCY ST  
CITY-ST-ZIP BETHEL, MO 63434

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME BOONE, CAROL S  
STREET ADDRESS 4116 NE KENNESAW RIDGE  
CITY-ST-ZIP LEE'S SUMMIT MO 64064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James T. Emerson*

4-11-08

816-842-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. EMERSON, VICE PRESIDENT

Home Phone #