FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834727** **(0)**

1. Corporation Name
REGIONAL INVESTMENT CO. OF KANSAS

Principal Place of Business	Mailing Address
8001 COLLEGE BLVD. P. O. BOX 7267 SHAWNEE MISSION KS 66207	8001 COLLEGE BLVD. P. O. BOX 7267 SHAWNEE MISSION KS 66207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1975
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 9221 Ward Parkway Suite 300
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Kansas City, MO
Zip 24 64114 Country 25 Jackson

2a. Mailing Address
26 Same as principal
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 44-0593798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEISSMAN, ALAN S
16459 NE SIXTH AVE
NORTH MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	FRASHER, DOROTHY	1.2 NAME	
STREET ADDRESS	1219 DEPOT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEE'S SUMMIT MO	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	NEIL, VIRGINIA	2.2 NAME	
STREET ADDRESS	16505 GREENWALD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELTON, MO 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MIZE, SUSAN	3.2 NAME	
STREET ADDRESS	19210 W. 87TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	IVES, BRAD	4.2 NAME	
STREET ADDRESS	659 W. 61 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	
TITLE	VSTD	5.1 TITLE	☐ Change ☐ Addition
NAME	MURRILL, DAVID	5.2 NAME	
STREET ADDRESS	11235 W 168TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARKS KS	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☒ Addition
NAME	MCGANNON, ROBERT	6.2 NAME	
STREET ADDRESS	1205 WEST 61ST TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 64113	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E McGannon 4-26-95 816-363-5444 X193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480642 FP