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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 838511 (4)  
1. Corporation Name  
UNIVERSAL PREMIUM ACCEPTANCE CORPORATION

Principal Place of Business Mailing Address  
1848 LACKLAND HILL PKWY.  
ST. LOUIS MO 63146  
US 1848 LACKLAND HILL PKWY  
ST. LOUIS MO 63146-9572  
US



2. Principal Place of Business 2a. Mailing Address  
21 8245 Nieman Suite, Apt. #, etc. 26 8245 Nieman Rd, Suite 100  
22 Suite 100 Suite, Apt. #, etc. 27  
23 Lenexa KS City & State 28 Lenexa KS City & State  
24 66214 25 Country 29 66214 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/01/1977 05/01/1996  
4. FEI Number 43-0908552 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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

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

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KOPMAN, WILLIAM H  
STREET ADDRESS 126 COMMODORE DRIVE  
CITY-ST-ZIP JUPITER FL  
TITLE VP ☐ DELETE  
NAME SERPE, LEROY A  
STREET ADDRESS 2204 KENRSOLEN  
CITY-ST-ZIP CLARKSON VALLEY MX  
TITLE S ☐ DELETE  
NAME SHREVE, JANET  
STREET ADDRESS 1524 NORTH & SOUTH  
CITY-ST-ZIP ST LOUIS MO  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. CEO ☒ Change ☐ Addition  
1.2 NAME Timothy P. O'Neil  
1.3 STREET ADDRESS 8245 Nieman Rd, Suite 100  
1.4 CITY-ST-ZIP Lenexa KS 66214  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 8245 Nieman Rd, Suite 100  
2.4 CITY-ST-ZIP Lenexa, KS 66214  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Secretary  
3.3 STREET ADDRESS Randall D. Hickman  
3.4 CITY-ST-ZIP 8245 Nieman Road, Suite 100  
Lenexa, KS 66214  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Randall D. Hickman* 4-28-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)