

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90088 033 \*\*\*150.00

**DOCUMENT # F01000002753**

1. Entity Name  
**PFS FINANCING CORP.**



Principal Place of Business  
**333 WEST 11TH STREET, SUITE 100  
KANSAS CITY MO 64105**

Mailing Address  
**333 WEST 11TH STREET, SUITE 100  
KANSAS CITY MO 64105**

2. Principal Place of Business  
**427 West 12th Street**

3. Mailing Address  
**427 West 12th Street**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Kansas City MO**

City & State  
**Kansas City MO**

Zip  
**64105**

Country  
**U.S.**

Zip  
**64105**

Country  
**U.S.**

4. FEI Number **43-1659615**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CHARBONNEAU, THOMAS J**  
STREET ADDRESS **333 WEST 11TH STREET, SUITE 100**  
CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **ST** ☐ Delete  
NAME **DARVEAUX, NORENE F**  
STREET ADDRESS **333 WEST 11TH STREET, SUITE 100**  
CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **VCOO** ☐ Delete  
NAME **GALLAGHER, MICHAEL S**  
STREET ADDRESS **333 WEST 11TH STREET, SUITE 100**  
CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **V** ☐ Delete  
NAME **ANDRES, BRYAN JAY**  
STREET ADDRESS **333 WEST 11TH STREET, SUITE 100**  
CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **V** ☐ Delete  
NAME **PRUETT, FRANK M**  
STREET ADDRESS **333 WEST 11TH STREET, SUITE 100**  
CITY-ST-ZIP **KANSAS CITY MO 64105**

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 ☐ 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

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 exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-03 816 627 0594**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #  
FO10000027S3

# PFS FINANCING CORPORATION

OFFICE ADDRESS	RESIDENCE	SS#	DOB
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## OFFICERS:

### President

**Thomas J. Charbonneau**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

6411 Hillside  
Shawnee, KS 66218

507-44-2574 Aug 30 1940

### Secretary/Treasurer

**Norene F. Darveau**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

1200 West Nettleton  
Independence, MO 64050

512-34-4759 Sep 5 1937

### Executive Vice President / Chief Operating Officer

**Michael S. Gallagher**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

5352 Albervan  
Shawnee, KS 66216

495-56-1061 Dec 9 1954

### Senior Vice President, Finance

**Bryan J. Andres**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

5011 McCoy  
Shawnee, KS 66226

510-66-2393 Oct 7 1960

### Vice President / Assistant Secretary

**Frank M. Pruett**

516 West 119th Terrace  
Kansas City, MO 64145

492-18-0022 Nov 25 1923

### Assistant Secretary

**Kevin Brown**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

2801 West 73rd Street  
Prairie Village, KS 66208

496-62-4478 Jul 18 1964

## DIRECTORS:

**Thomas J. Charbonneau**

427 West 12th Street, Suite 100  
Kansas City, MO 64105

6411 Hillside  
Shawnee, KS 66218

507-44-2574 Aug 30 1940

**Frank M. Pruett**

516 West 119th Terrace  
Kansas City, MO 64145

492-18-0022 Nov 25 1923

**Med D. James III**

12621 Wenonga  
Leawood, KS 66206

514-44-4085 July 24, 1944