

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006246

FILED
Jun 07, 2007
Secretary of State

Entity Name: VSR FINANCIAL SERVICES, INC.

Current Principal Place of Business:

8620 WEST 110TH
SUITE 200
SHAWNEE MISSION, KS 662104036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26250
SHAWNEE MISSION, KS 662256250

New Mailing Address:

FEI Number: 43-1302302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANFIELD, JAMES M
Address: 8620 WEST 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 662104036

Title: VD () Delete
Name: BEARY, DONALD J
Address: 8620 WEST 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 662104036

Title: VD () Delete
Name: GEORGE, KENNARD R
Address: 502 N CANYONWOOD DR
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: VSD () Delete
Name: RUSSELL, STEPHEN A
Address: 8620 WEST 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 662104036

Title: VD () Delete
Name: MC ANARNEY, MAUREEN C
Address: 8620 WEST 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 662104036

Title: VT () Delete
Name: QUINT, EILEEN M
Address: 8620 WEST 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 662104036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A RUSSELL

VSD

06/07/2007

Electronic Signature of Signing Officer or Director

Date