2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# F01000006246

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: EILEEN M QUINT VT 04/17/2008

Electronic Signature of Signing Officer or Director — Date