2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# F02000003516

Entity Name: AMERICAN TRUST ADMINISTRATORS, INC.

Current Principal Place of Business:

7101 COLLEGE BLVD. STE. 1200
OVERLAND PARK, KS 66210

New Principal Place of Business:

255 NW BLUE PARKWAY SUITE 100
LEE'S SUMMIT, MO 64063

Current Mailing Address:

P.O. BOX 87
SHAWNEE MISSION, KS 66201

New Mailing Address:

FEI Number: 48-1066164 **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: PC ( ) Delete
Name: TIMMONS, JOSEPH D
Address: 16810 S. GRACE DR.
City-St-Zip: VILLAGE OF LOCH LLOYD, MO 64012

Title: VS ( ) Delete
Name: BRUMBAUGH, GRETCHEN E
Address: 104 BROADMOOR DR.
City-St-Zip: PAOLA, KS 66053

Title: V (X) Delete
Name: STEIN, THOMAS F
Address: 2125 N. 1200 RD.
City-St-Zip: EUDORA, KS 66025

Title: V ( ) Delete
Name: WESTROPE, KEVIN T
Address: 5100 SUNSET DR.
City-St-Zip: KANSAS CITY, MO 64112

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:

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: JOSEPH D. TIMMONS P 03/02/2009

Electronic Signature of Signing Officer or Director — Date