

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004333

FILED
Apr 06, 2004
Secretary of State

Entity Name: ALLIED ADMINISTRATORS, INC.

Current Principal Place of Business:

911 BROADWAY
KANSAS CITY, MO 64105

New Principal Place of Business:

Current Mailing Address:

911 BROADWAY
KANSAS CITY, MO 64105

New Mailing Address:

FEI Number: 43-1625757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ASHLEY, DAVID W
Address: 21025 W 106TH STREET
City-St-Zip: OLATHE, KS 66061

Title: CEO () Delete
Name: ASHLEY, WILLIAM M
Address: 19895 W 239TH STREET
City-St-Zip: SPRING HILL, KS 66083

Title: VPST () Delete
Name: ASHLEY, GARY D
Address: 13105 WALMER
City-St-Zip: OVERLAND PARK, KS 66209

Title: EVPD () Delete
Name: FUSHIMI, RAYMOND Y
Address: 12627 PAWNEE LANE
City-St-Zip: LEAWOOD, KS 66209

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 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 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: DAVID W. ASHLEY

PRES

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date