

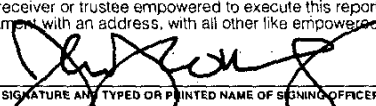


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90062 023 ***150.00

DOCUMENT # F02000004418 1. Entity Name HOMEPRIDE INSURANCE AGENCY, INC.			
Principal Place of Business 10801 MASTIN DRIVE, SUITE 500 OVERLAND PARK, KS 66210		Mailing Address 10801 MASTIN DRIVE, SUITE 500 OVERLAND PARK, KS 66210	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2701 Cambridge Ct #300 City & State Auburn Hills MI Zip Country 48326 USA	
		24002128 	
		01082004 Chg-P CR2E034 (10/03)	
		4. FEI Number 32-027412 Applied For NOT APPLICABLE Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COLLINS, JOHN J JR 2701 CAMBRIDGE CT., SUITE 300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SERGI, BEN 10801 MASTIN DRIVE, SUITE 500 OVERLAND PARK, KS 66210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KNIGHT, PHYLLIS 2701 GAMBRIDGE CT STE 300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAJPUT, ABDUL 10801 MASTIN DRIVE, SUITE 500 OVERLAND PARK, KS 66210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  John J Collins Jr 1/9/04 248-340-7153 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Attachment

24002128
#FO2000004418

HOMEPRIDE FINANCE CORP.

BOARD OF DIRECTORS

John J. Collins, Jr.

OFFICERS

Phyllis A. Knight

President, Treasurer

John J. Collins, Jr.

VP/Secretary & General Counsel

ADDRESS

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300
Auburn Hills, MI 48326**