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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90159 005 \*\*\*150.00

• **PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000003476**

1. Corporation Name

**SERENDIPITY LEASING CORPORATION**

Principal Place of Business

**4600 MADISON AVENUE, STE 1500  
KANSAS CITY MO 64112**

Mailing Address

**4600 MADISON AVENUE, STE 1500  
KANSAS CITY MO 64112**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/08/1996**

4. FEI Number

**52-1984661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T S  
NAME LUNSFORD, LARRY  
STREET ADDRESS 4600 MADISON, SUITE 1500  
CITY-ST-ZIP KANSAS CITY MO

AS  
NAME HART, JANE E.  
STREET ADDRESS 3500 ONE KANSAS CITY PLACE, 1200 MAIN  
CITY-ST-ZIP KANSAS CITY MO

SD  
NAME KOHN, HERBERT M  
STREET ADDRESS 11331 PENNSYLVANIA  
CITY-ST-ZIP KANSAS CITY MO

P  
NAME BERSTEIN, ROBERT A  
STREET ADDRESS 4600 MADISON, SUITE 1500  
CITY-ST-ZIP KANSAS CITY MO 64112

VP  
NAME BERNSTEIN, STEVEN A  
STREET ADDRESS 4600 MADISON, SUITE 1500  
CITY-ST-ZIP KANSAS CITY MO 64112

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larry A. Lunsford* **LARRY A. LUNSFORD, V.P. FINANCE** 1/18/99 816-531-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)