

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90268 018 \*\*\*150.00

**A0053049**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # F96000003476**

1. Entity Name

**SERENDIPITY LEASING CORPORATION**

Principal Place of Business

Mailing Address

**1000 MADISON AVENUE, STE 1500  
CITY MO 64112****4600 MADISON AVENUE, STE 1500  
KANSAS CITY MO 64112-3012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**52-1984661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>T</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LUNSFORD, LARRY</b>	<b>4600 MADISON, SUITE 1500</b>	<b>KANSAS CITY MO</b>						
	<b>AS</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>HART, JANE E.</b>	<b>3500 ONE KANSAS CITY PLACE, 1200 MAIN</b>	<b>KANSAS CITY MO</b>						
	<b>SD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>KOHN, HERBERT M</b>	<b>11331 PENNSYLVANIA</b>	<b>KANSAS CITY MO</b>						
	<b>P</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>BERSTEIN, ROBERT A</b>	<b>4600 MADISON, SUITE 1500</b>	<b>KANSAS CITY MO 64112</b>						
	<b>VP</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>BERNSTEIN, STEVEN A</b>	<b>4600 MADISON, SUITE 1500</b>	<b>KANSAS CITY MO 64112</b>						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y.P. Finance

Date

4/27/00

Daytime Phone #

816-531-8882

CR2E034 (9/99)