

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003476

1. Entity 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



01092004 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(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
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LUNS福德, LARRY
STREET ADDRESS	4600 MADISON, SUITE 1500
CITY-ST-ZIP	KANSAS CITY, MO
TITLE	AS
NAME	HART, JANE E.
STREET ADDRESS	3500 ONE KANSAS CITY PLACE, 1200 MAIN
CITY-ST-ZIP	KANSAS CITY, MO
TITLE	SD
NAME	KOHN, HERBERT M
STREET ADDRESS	3500 ONE KANSAS CITY PLACE 1200 MAIN
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	P
NAME	BERSTEIN, ROBERT A
STREET ADDRESS	4600 MADISON, SUITE 1500
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	VP
NAME	BERNSTEIN, STEVEN A
STREET ADDRESS	4600 MADISON, SUITE 1500
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000006148
01/16/04-80023-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Larry A. Lunsford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry A. Lunsford
V.P. Finance

1/12/04
Date

816-531-8882
Daytime Phone #