



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000003476</b> 1. Entity Name <b>SERENDIPITY LEASING CORPORATION</b>				
Principal Place of Business <b>4600 MADISON AVENUE, STE 1500 KANSAS CITY, MO 64112</b>		Mailing Address <b>4600 MADISON AVENUE, STE 1500 KANSAS CITY, MO 64112</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 02032005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>52-1984661</b>		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when refiling)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	T			
NAME	LUNSFORD, 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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Larry A. Lunsford</i>		<i>Larry A. Lunsford</i> V.P. Finance		<i>2/14/05</i> <i>816-531-8888</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>