

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90028 049 ***150.00

DOCUMENT # F98000005615

1. Entity Name
SENIOR BENEFIT SERVICES OF KANSAS, INC.



Principal Place of Business

**555 KANSAS AVE
TOPEKA, KS 66603**

Mailing Address

**555 KANSAS AVE
TOPEKA, KS 66603**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1205543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPT-
HAMMOND, MARK K
555 S KANSAS AVE
TOPEKA, KS 66603**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ATHA, ALLEN III
555 KANSAS AVE
TOPEKA, KS 66603**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RICHARDS, GEORGE
555 KANSAS AVE
TOPEKA, KS 66603**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HEITZ, MARK V
555 KANSAS AVE
TOPEKA, KS 66603**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
MILLER, MICHAEL H
555 KANSAS AVE
TOPEKA, KS 66603**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CONROY, CHRIS S
555 KANSAS AVE
TOPEKA, KS 66603**

**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 life empowered.

SIGNATURE:

Mark K. Hammond

2/19/04

2/19/04

785-232-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #