2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09881

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Name: THE PRINCIPLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2405 GRAND BLVD. **SUITE 1040** KANSAS CITY, MO 64108 **New Mailing Address: Current Mailing Address:** 2405 GRAND BLVD. 2405 GRAND BLVD. SUITE 1040 SUITE 1040 KANSAS CITY, MO 64111 KANSAS CITY, MO 64108 FEI Number: 43-0816306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, PATRICIA SMITH, PATRICIA 13751 89TH AVE. N. 11945 143RD ST #7209 SEMINOLE, FL 34646 US LLARGO, FL 33774 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: PATRICIA SMITH 03/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NEPTUNE, HAROLD D. Name: Name: 4722 W 68TH ST Address: Address: City-St-Zip: PRAIRIE VILLAGE, KS 66208 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, CHRISTINE I Name: WILLIAMS, CHRISTINE I Name: Address: 11 MARILANE Address: 9002 HERTS RD City-St-Zip: HOUSTON, TX 77007 City-St-Zip: SPRING, TX 77379 Title: () Delete Title: () Change () Addition BUCKLEY-QUIRK, LYNNE I Name: Name: 4343A LACLEDE AVE Address: Address: City-St-Zip: ST LOUIS, MO 63108 City-St-Zip: Title: TREA () Delete Title: TREA (X) Change () Addition JEFFREY, BRUCE L Name: BASHOR, ALAN Name: Address: 5110 W 62ND ST Address: 13 E 117TH TERR City-St-Zip: SHAWNEE MISSION, KS 66205 City-St-Zip: KANSAS CITY, MO 6414 Title: () Delete Title: () Change () Addition CUNIBERTI, CANDACE Name: Name: BOX 698 Address: Address: SAILSBURY, CT 06068 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH G NOFSINGWE SEC 03/24/2009

() Delete

NOFSINGER, JUDITH G

OVERLAND PARK, KS 66209

6010 W 125TH ST

() Change () Addition