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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P10240 (0)

1. Corporation Name  
ERA GENERAL AGENCY CORPORATION

Principal Place of Business  
P. O. BOX 2974  
SHAWNEE MISSION KS 66201

Mailing Address  
P. O. BOX 2974  
SHAWNEE MISSION KS 66201-1374



3. Date Incorporated or Qualified 05/28/1986  
3a. Date of Last Report 05/01/1996

4. FEI Number 48-0824690  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6 Sylvan Way

26 6 Sylvan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Parsippany, NJ

28 Parsippany, NJ

Zip Country

Zip Country

24 07054

25 USA

29 07054

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME DIEPENBROCK, JOAN  
STREET ADDRESS 4900 COLLEGE BLVD  
CITY-ST-ZIP OVERLAND PARK KS

1.1 TITLE Director, Secretary ☐ Change ☒ Addition  
1.2 NAME James E. Buckman  
1.3 STREET ADDRESS 6 Sylvan Way  
1.4 CITY-ST-ZIP Parsippany, NJ 07054

TITLE S ☒ DELETE  
NAME FIORELLA, JOSEPH M  
STREET ADDRESS 4900 COLLEGE BLVD.  
CITY-ST-ZIP OVERLAND PARK KS

2.1 TITLE Director, President, Treasurer ☐ Change ☒ Addition  
2.2 NAME Stephen P. Holmes  
2.3 STREET ADDRESS 6 Sylvan Way  
2.4 CITY-ST-ZIP Parsippany, NJ 07054

TITLE VT ☒ DELETE  
NAME PETERSON, BRIAN K  
STREET ADDRESS 4900 COLLEGE BLVD.  
CITY-ST-ZIP OVERLAND PARK KS

3.1 TITLE Vice President ☐ Change ☒ Addition  
3.2 NAME Thomas J. Freeman  
3.3 STREET ADDRESS 6 Sylvan Way  
3.4 CITY-ST-ZIP Parsippany, NJ 07054

TITLE D ☒ DELETE  
NAME SCHLOTT, RICHARD  
STREET ADDRESS 4900 COLLEGE BLVD  
CITY-ST-ZIP OVERLAND PARK KS

4.1 TITLE Vice President ☐ Change ☒ Addition  
4.2 NAME Paul M. McNicol  
4.3 STREET ADDRESS 6 Sylvan Way  
4.4 CITY-ST-ZIP Parsippany, NJ 07054

TITLE AS ☒ DELETE  
NAME AUGUSTINE, JEN  
STREET ADDRESS 4900 COLLEGE BLVD.  
CITY-ST-ZIP OVERLAND PARK KS

5.1 TITLE Vice President ☐ Change ☒ Addition  
5.2 NAME Scott E. Forbes  
5.3 STREET ADDRESS 6 Sylvan Way  
5.4 CITY-ST-ZIP Parsippany, NJ 07054

TITLE AS ☒ DELETE  
NAME BROWN, SUE  
STREET ADDRESS 4900 COLLEGE BLVD  
CITY-ST-ZIP OVERLAND PARK KS

6.1 TITLE Vice President ☐ Change ☒ Addition  
6.2 NAME Bruce Dolia  
6.3 STREET ADDRESS 6 Sylvan Way  
6.4 CITY-ST-ZIP Parsippany, NJ 07054

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Scott E. Forbes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(201)359-5065

Date

Daytime Phone #

CR2E034 (9/96)