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FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10430**

(7)

1. Corporation Name

TENENBAUM & ASSOCIATES, INC.

Principal Place of Business

**2800 GRAND AVENUE
SUITE 500
KANSAS CITY MI 64108
US**

Mailing Address

**PO BOX 410949
KANSAS CITY MO 64141
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1986

4. FEI Number

43-1240849

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **5000 W. 95th. St.**

Suite, Apt. #, etc.

22 **260**

City & State

23 **Shawnee Mission, KS**

Zip Country

24 **66207** 25 **US**

2a. Mailing Address

26 **PO BOX 7568**

Suite, Apt. #, etc.

27 **Shawnee**

City & State

28 **Shawnee Mission, KS**

Zip Country

29 **66207** 30 **US**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD LEVINSON, ANTHONY L**
STREET ADDRESS **8112 HIGH DRIVE**
CITY-ST-ZIP **LEAWOOD KS**

TITLE ☐ DELETE

NAME **S FITZWATER, STEVEN K**
STREET ADDRESS **7402 EDGEWOOD BOULEVARD**
CITY-ST-ZIP **SHANEE KS**

TITLE ☐ DELETE

NAME **AS MCCOY, LINDA K**
STREET ADDRESS **19985 BROADMOOR**
CITY-ST-ZIP **STILLWELL KS**

TITLE ☐ DELETE

NAME **D SEWARD, JAMES R**
STREET ADDRESS **4915W 79TH ST**
CITY-ST-ZIP **PRAIRIE VILLAGE KS**

TITLE ☐ DELETE

NAME **D JACOBS, ANTHONY P**
STREET ADDRESS **3101 OLD PECOS TRAIL**
CITY-ST-ZIP **SANTA FE NE**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **5000 W. 95th. St., Suite 260**

1.3 STREET ADDRESS **Shawnee Mission, KS 66207**

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE **# 7663 Forest Park Dr.**

2.2 NAME **Shawnee KS 66217**

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

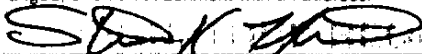
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:



4/6/98 913-632-1000

CR2E034 (10/97)