FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13103** (7)

1. Corporation Name

BIRCHTREE FINANCIAL SERVICES, INC.

NOTE: NEW ADDRESS BELOW

Principal Place of Business	Mailing Address
[redacted] 920 Main Street Suite #216, Kansas City, MO 64105	[redacted] 920 Main Street Suite #216, Kansas City, MO 64105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 920 Main Street	2a. Mailing Address: 26 920 Main Street	3. Date Incorporated or Qualified: 01/29/1987 — 3a. Date of Last Report: 03/29/1994
Suite, Apt #, etc: 22 Suite #216,	Suite, Apt #, etc: 27 Suite #216,	4. FEI Number: 43-1411418 — Applied For / Not Applicable
City & State: 23 Kansas City, MO	City & State: 28 Kansas City, MO	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 24 64105 — Country: 25 USA	Zip: 29 64105 — Country: 30 USA	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☒ Addition
NAME	BURCH, A. RANDAL	1.2 NAME	
STREET ADDRESS	7424 N AMORET	1.3 STREET ADDRESS	Zip: 64151
CITY ST ZIP	KANSAS CITY MO	1.4 CITY ST ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☒ Addition
NAME	BURCH, GWENDOLYN	2.2 NAME	
STREET ADDRESS	7424 N AMORET	2.3 STREET ADDRESS	Zip: 64151
CITY ST ZIP	KANSAS CITY MO	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] A. RANDAL BURCH, PRESIDENT 4/24/95 816-842-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0409047 FN