

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90016 006 ***150.00

DOCUMENT # P13103

1. Corporation Name

BIRCHTREE FINANCIAL SERVICES, INC.

Principal Place of Business

920 MAIN ST
SUITE 216
KANSAS CITY . 64105
US

Mailing Address

920 MAIN ST
SUITE 216
KANSAS CITY . 64105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1987

4. FEI Number

43-1411418

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGELILLO, A
5327 COMMERCIAL WAY
STE C-115
SPRING HILL FL 34606

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 A. Angelillo

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/27/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME BURCH, A. RANDAL
STREET ADDRESS 7424 N AMORET
CITY-ST-ZIP KANSAS CITY MO 64105

TITLE VSD ☒ DELETE
NAME BURCH, GWENDOLYN
STREET ADDRESS 7424 N AMORET
CITY-ST-ZIP KANSAS CITY MO 64105

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/Exec VP ☒ Change ☐ Addition
1.2 NAME Frank L. Salizzoni
1.3 STREET ADDRESS 920 Main Ste 216
1.4 CITY-ST-ZIP Kansas City MO 64105

2.1 TITLE Director/Sr. VP ☒ Change ☐ Addition
2.2 NAME Mark A. Ernst
2.3 STREET ADDRESS 920 Main Ste 216
2.4 CITY-ST-ZIP Kansas City MO 64105

3.1 TITLE Vice-President ☐ Change ☒ Addition
3.2 NAME Terry L. Betzelberger
3.3 STREET ADDRESS 920 Main Ste 216
3.4 CITY-ST-ZIP Kansas City MO 64105

4.1 TITLE Please see attached list ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

0584308

CR2E034 (11/98)

[illegible]

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