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 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21069 (0)

1. Corporation Name

ROYAL HOME PROTECTION PLAN, INC.

Principal Place of Business	Mailing Address
4900 COLLEGE BLVD. OVERLAND PARK KS 66211-1612	4900 COLLEGE BLVD. OVERLAND PARK KS 66211-1612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/27/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~48-1062735~~ 48-1058076 ☐ 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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	GOULETAS, STEVEN E	1.2 NAME	Joseph M. Fiorella	
STREET ADDRESS	4900 COLLEGE BLVD	1.3 STREET ADDRESS	4900 College Blvd.	
CITY ST ZIP	OVERLAND PARK KS	1.4 CITY ST ZIP	Overland Park, KS 66211	
TITLE	ATV	2.1 TITLE		☐ Change ☐ Addition
NAME	PURCELL, ROBERT H.	2.2 NAME		
STREET ADDRESS	4900 COLLEGE BLVD.	2.3 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	2.4 CITY ST ZIP		
TITLE	VPS	3.1 TITLE		☐ Change ☐ Addition
NAME	DI BENEDETTO, ANTHONY R.	3.2 NAME		
STREET ADDRESS	4900 COLLEGE BLVD	3.3 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	3.4 CITY ST ZIP		
TITLE	VPT	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, BRIAN K	4.2 NAME		
STREET ADDRESS	4900 COLLEGE BLVD	4.3 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	4.4 CITY ST ZIP		
TITLE	P	5.1 TITLE	D	☑ Change ☐ Addition
NAME	GOULET, VICTOR N.	5.2 NAME	Same	
STREET ADDRESS	4900 COLLEGE BLVD	5.3 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	5.4 CITY ST ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, SUE A	6.2 NAME		
STREET ADDRESS	4900 COLLEGE BLVD	6.3 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	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: Sue Brown Sue Brown (Signature and typed or printed name of signing officer or director) 4/24/95 (Date) 913-491-1000 (Daytime Phone)

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