FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/27/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **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

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

10. Name and Address of New Registered Agent

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 Section 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FIORELLA, JOSEPH M.		1.2 NAME	
STREET ADDRESS	4900 COLLEGE BLVD		1.3 STREET ADDRESS	800001831698
CITY-ST-ZIP	OVERLAND PARK KS		1.4 CITY-ST-ZIP	-05/21/96--01041--026
TITLE	ATV	☒ DELETE	2.1 TITLE	***200.00 ☐ 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	☒ DELETE	3.1 TITLE	AS ☐ Change ☑ Addition
NAME	DI BENEDETTO, ANTHONY R.		3.2 NAME	Jen Augustine
STREET ADDRESS	4900 COLLEGE BLVD		3.3 STREET ADDRESS	4900 College
CITY-ST-ZIP	OVERLAND PARK KS		3.4 CITY-ST-ZIP	Overland Park, Ks 66211
TITLE	VPT	☐ DELETE	4.1 TITLE	VT/S ☑ Change ☐ Addition
NAME	PETERSON, BRIAN K		4.2 NAME	same
STREET ADDRESS	4900 COLLEGE BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☑ Addition
NAME	GOULET, VICTOR N.		5.2 NAME	Richard Schlott
STREET ADDRESS	4900 COLLEGE BLVD		5.3 STREET ADDRESS	4900 College Blvd
CITY-ST-ZIP	OVERLAND PARK KS		5.4 CITY-ST-ZIP	Overland Park Ks 66211
TITLE	AS	☐ DELETE	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	

CR2E034 (12/95)

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 4/25/96 913-491-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #