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

FILED
95 JAN 23 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28809** **(2)**

1. Corporation Name
LOCKTON RISK SERVICES, INC.

Principal Place of Business	Mailing Address
7400 STATE LINE RD. PRAIRIE VILLAGE KS 66208	7400 STATE LINE RD. PRAIRIE VILLAGE KS 66208 change to

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 Attn: Jean Hunter	04/03/1990	01/31/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22	27 P.O. Box 419351	48-1042261	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28 Kansas City MO 64141-6351	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 64141-6351 / 30		

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 _____ DATE
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LOCKTON, JOHN T., III	12 NAME	
STREET ADDRESS	2300 ARNO RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HAMBRIGHT, GARY F.	22 NAME	
STREET ADDRESS	4400 WEST 126TH	23 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	EGINOIRE, STEVEN L.	32 NAME	
STREET ADDRESS	5812 W. 157TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ANGERS, MARK P.	42 NAME	
STREET ADDRESS	13037 CATALINA	43 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	44 CITY-ST-ZIP	
TITLE	SD / T	51 TITLE	☐ Change ☐ Addition
NAME	FROST, MICHAEL C.	52 NAME	
STREET ADDRESS	12019 PAWNEE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☒ Change ☐ Addition
NAME	~~WANAMAKER, GARY D.~~	62 NAME	Michael C. Frost Treasurer
STREET ADDRESS	~~12710 HIGH DR.~~	63 STREET ADDRESS	12019 Pawnee
CITY-ST-ZIP	~~LEAWOOD KS~~	64 CITY-ST-ZIP	Leawood, KS 66209

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)(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 above, or on an attached sheet, with an asterisk.

SIGNATURE: _____ 1-16-95 913-676-9000
(SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR) Date Daytime Phone #

0400970 FP