

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 # **P28809** (2)

1. Corporation Name

**LOCKTON RISK SERVICES, INC.**



Principal Place of Business

**7400 STATE LINE RD.  
PRAIRIE VILLAGE KS 66208**

Mailing Address

**ATTN. JEAN HUNTER  
P.O. BOX 419351  
KANSAS CITY MO 64141-6351  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**04/03/1990**

3a. Date of Last Report  
**01/23/1995**

4. FEI Number  
**48-1042261**

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 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 the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LOCKTON, JOHN T., III**  
CITY-STATE-ZIP **2300 ARNO RD.**  
TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **HAMBRIGHT, GARY F.**  
CITY-STATE-ZIP **4400 WEST 126TH**  
TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **EGINOIRE, STEVEN L.**  
CITY-STATE-ZIP **5812 W. 157TH STREET**  
TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **ANGERS, MARK P.**  
CITY-STATE-ZIP **13037 CATALINA**  
TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **FROST, MICHAEL C.**  
CITY-STATE-ZIP **12019 PAWNEE LANE**  
TITLE ☒ DELETE  
NAME **T**  
STREET ADDRESS **FROST, MICHAEL C.**  
CITY-STATE-ZIP **12019 PAWNEE**  
CITY-STATE-ZIP **LEAWOOD KS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PD**  
3.3 STREET ADDRESS **EGINOIRE, STEVEN L.**  
3.4 CITY-STATE-ZIP **12512 SHERWOOD**  
4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **VD**  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **T**  
6.3 STREET ADDRESS **GILL, MICHAEL S.**  
6.4 CITY-STATE-ZIP **12422 ENGLAND 11439 CRAIG**  
**OVERLAND PARK, KS 66213 66210**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96  
Date

(913)676-9000  
Daytime Phone #

CR2E034 (12/95)