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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P28809

(2)

1. Corporation Name

LOCKTON RISK SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7400 STATE LINE RD. PRAIRIE VILLAGE KS 66208		Mailing Address ATTN. GREGORY, DEBBIE P.O. BOX 418351 KANSAS CITY MO 64141-6351 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
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	
85 Zip Code		FL	

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	D LOCKTON, JOHN T., III	1.1 TITLE	DC
NAME	2300 ARNO RD.	1.2 NAME	5825 Overhill Road
STREET ADDRESS	MISSION HILLS KS	1.3 STREET ADDRESS	Mission Hills, KS. 66208
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HAMBRIGHT, GARY F.	2.1 TITLE	
NAME	4400 WEST 128TH	2.2 NAME	
STREET ADDRESS	LEAWOOD KS	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD EGINOIRE, STEVEN L.	3.1 TITLE	
NAME	12512 SHERWOOD	3.2 NAME	
STREET ADDRESS	LEAWOOD KS	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD ANGERS, MARK P.	4.1 TITLE	
NAME	13037 CATALINA	4.2 NAME	
STREET ADDRESS	LEAWOOD KS	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD FROST, MICHAEL C.	5.1 TITLE	SDT
NAME	12019 PAWNEE LANE	5.2 NAME	
STREET ADDRESS	LEAWOOD KS	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T GILL, MICHAEL J	6.1 TITLE	
NAME	11439 CRAIG	6.2 NAME	
STREET ADDRESS	OVERLAND PARK KS	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 given an attachment with an address.

SIGNATURE

Michael C. Frost 4/20/98 913-676-0000

CR2E034 (10/97)