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Secretary of State
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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28809
1. Corporation Name
LOCKTON RISK SERVICES, INC.

Principal Place of Business
**7400 STATE LINE RD.
PRAIRIE VILLAGE KS 66208**

Mailing Address
**ATTN. GREGORY, DEBBIE
P.O. BOX 419351
KANSAS CITY MO 64141-6351
US**



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
04/03/1990

4. FEI Number
48-1042261

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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	LOCKTON, JOHN T., III	
STREET ADDRESS	58254 OVERHILL RD	
CITY-ST-ZIP	MISSION HILLS KS 66208	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAMBRIGHT, GARY F.	
STREET ADDRESS	4400 WEST 126TH	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EGINOIRE, STEVEN L.	
STREET ADDRESS	12512 SHERWOOD	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANGERS, MARK P.	
STREET ADDRESS	13037 CATALINA	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	FROST, MICHAEL C.	
STREET ADDRESS	12019 PAWNEE LANE	
CITY-ST-ZIP	LEAWOOD KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David M. Lockton
2.3 STREET ADDRESS	7400 State Line Road
2.4 CITY-ST-ZIP	Prairie Village, KS 66208
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marianne K. Sears
6.3 STREET ADDRESS	7400 State Line Road
6.4 CITY-ST-ZIP	Prairie Village, KS 66208

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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **Michael C. Frost** 7/29/99 913-676-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)