

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 004 ***150.00

DOCUMENT # P28809

1. Entity Name
LOCKTON RISK SERVICES, INC.

Principal Place of Business Mailing Address
STATE LINE RD. **ATTN. GREGORY, DEBBIE**
VILLAGE KS 66208 **P.O. BOX 419351**
KANSAS CITY MO 64141-6351
US

2. Principal Place of Business 3. Mailing Address
444 W. 47th Street
900
900
City & State **City & State**
Kansas City, Mo.
Zip **Country** **Zip** **Country**
64112 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **48-1042261** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Michael C. Frost**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKTON, JOHN T., III	NAME	
STREET ADDRESS	58254 OVERHILL RD	STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS 66208	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKTON, DAVID M	NAME	
STREET ADDRESS	7400 STATE LINE ROAD	STREET ADDRESS	6615 Belinder
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66208	CITY-ST-ZIP	Shawnee Mission, KS 66208
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGINOIRE, STEVEN L.	NAME	
STREET ADDRESS	12512 SHERWOOD	STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGERS, MARK P.	NAME	
STREET ADDRESS	13037 CATALINA	STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, MICHAEL C.	NAME	
STREET ADDRESS	12019 PAWNEE LANE	STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARZ, MARIANNE	NAME	Marianne K. SEARS
STREET ADDRESS	7400 STATE LINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66208	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael C. Frost** **2/14/00** **816-960-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)