

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28809

FILED
Jan 17, 2005
Secretary of State

Entity Name: LOCKTON RISK SERVICES, INC.

Current Principal Place of Business:

7300 COLLEGE BLVD
SUITE 500
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

444 W 47TH
STE 900
KANSAS CITY, MO 64112

New Mailing Address:

FEI Number: 48-1042261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: STEPHENS, JAMES S
Address: 7300 COLLEGE BLVD., STE 500
City-St-Zip: OVERLAND PARK, KS 66210

Title: CD () Delete
Name: EGINOIRE, STEVEN L
Address: 7300 COLLEGE BLVD, STE 500
City-St-Zip: OVERLAND PARK, KS 66210

Title: SD () Delete
Name: FROST, MICHAEL C
Address: 444 W. 47TH ST., STE. 900
City-St-Zip: KANSAS CITY, MO 641121906

Title: T () Delete
Name: SALTS, ALAN L
Address: 444 W. 47TH ST., STE. 900
City-St-Zip: KANSAS CITY, MO 641121906

Title: EVPD () Delete
Name: ANGERS, MARK P
Address: 444 W. 47TH ST., STE. 900
City-St-Zip: KANSAS CITY, MO 641121906

Title: P () Delete
Name: COX, JEFFREY M
Address: 7300 COLLEGE BLVD, STE 500
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN. L. SALTS

T

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date