

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28809

FILED
Apr 08, 2009
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 STREET
SUITE 900
KANSAS CITY, MO 64112 US

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:

CORPORATE CREATIONS NETWORK INC
11380 PROPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: P () Delete
Name: O'FARRELL, PATRICK PRES.
Address: 7300 COLLEGE BLVD, STE 500
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HUMPHREY, WILLIAM W
Address: 444 W. 47TH STREET, SUITE 900
City-St-Zip: KANSAS CITY, MO 64112

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

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

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 exemption stated in Chapter 119, 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

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date