

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90023 016 ***150.00

DOCUMENT # P28878

1. Entity Name

LOCKTON COMPANIES, INC.

Principal Place of Business

Mailing Address

7400 STATE LINE
PRAIRIE VILLAGE KS 66208

PO BOX 419351
KANSAS CITY MO 64141-6351
US

C0025435

2. Principal Place of Business

3. Mailing Address

444 West 47th Street
Suite Apt. #, etc.
900

444 West 47th Street
Suite Apt. #, etc.
900



DO NOT WRITE IN THIS SPACE

City & State
Kansas City, MO
Zip
64112
Country
USA

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Kansas City, MO
Zip
64112
Country
USA

4. FEI Number 48-0763803
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

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	DCEO	<input type="checkbox"/> Delete
NAME	LOCKTON, J T	
STREET ADDRESS	5825 OVERHILL RD	
CITY-ST-ZIP	MISSION HILLS KS 66208	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, DON G.	
STREET ADDRESS	3111 W. 86TH STREET	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCKTON, DAVID M	
STREET ADDRESS	6615 BELINDER	
CITY-ST-ZIP	MISSION HILLS KS 66208	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, R. PATRICK	
STREET ADDRESS	6551 WENONGA ROAD	
CITY-ST-ZIP	MISSION HILLS KS	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FROST, MICHAEL C	
STREET ADDRESS	12019 PAWNEE	
CITY-ST-ZIP	LEAWOOD KS 66209	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANGERS, MARK	
STREET ADDRESS	7400 ST LINE RD	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	

TITLE	Chairman/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Frick	
STREET ADDRESS	444 W. 47th Street, Suite 900	
CITY-ST-ZIP	Kansas City, Mo. 64112	
TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Br. Vice Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald J. Lockton	
STREET ADDRESS	444 West 47th Street, Suite 900	
CITY-ST-ZIP	KANSAS CITY, MO. 64112	
TITLE	COO/Sec./Treas/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L. Lumelleau	
STREET ADDRESS	444 West 47th Street, Suite 900	
CITY-ST-ZIP	Kansas City, Mo. 64112	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Frost, Secretary

2/14/00 816-960-9000

Date

Daytime Phone #

CR2E034 (9/99)