

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33404

(5)

1. Corporation Name  
TPG FINANCIAL, INC.



Principal Place of Business

Mailing Address

101 WEST 11TH STREET, SUITE 1200  
SUITE 1110  
KANSAS CITY MO 64105  
US

101 WEST 11TH STREET, SUITE 1200  
SUITE 1110  
KANSAS CITY MO 64105  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

03/29/1991

4. FEI Number

43-1440536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERS, FRANCES M.  
1630 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PROVO, BRUCE A.  
STREET ADDRESS 8812 LINDEN DRIVE  
CITY-ST-ZIP PRAIRIE VILLAGE KS ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VT  
NAME ATKINSON, KRISTIN J  
STREET ADDRESS 5636 MEADOW COURT  
CITY-ST-ZIP PARKVILLE MO ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VS  
2.3 STREET ADDRESS Atkinson, Kristin J.  
2.4 CITY-ST-ZIP 5636 Meadow Court North  
Parkville, MO 64152

TITLE S  
NAME SAUNDERS, MAUREEN M  
STREET ADDRESS 210 BORDNER DRIVE NW  
CITY-ST-ZIP LEE'S SUMMIT MO ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME T  
3.3 STREET ADDRESS Wallace R. Wilkerson  
3.4 CITY-ST-ZIP 406 East 16th Street  
Kearney, MO 64060

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE *[Signature]*

4/3/98 1011 1471 7444

CR2E034 (10/97)